CHEMIST & DRUGGIST

The newsweekly for pharmacy

June 13, 1992

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This week

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Liverpool pharmacy-based needle exchange boosts user numbers 1020
Pharmacy clients increase while those at other centres remains the same

***Which?* says new EC rules will not improve medicine labelling** 1021
CA also slams 'miracle creams' for ageing skin

Latest developments in baby milks under the spotlight 1039
C&D runs 25th training seminar, this time with Crookes Healthcare as co-sponsors

Customers the king in Boots' pharmacies 1043
C&D interviews superintendent Marshall Davies

How to deal with the demon drink 1049
Clinical update on alcohol abuse

Society to put up members' fees to £112 1061
RPSGB Council report

Manoplax carries Boots hopes for the future 1062
Retail business continues to be 'cash positive'

Wellcome outline share sale scheme 1063
Foundation plans £4 billion fund raiser

Harry Boyd steps down from UCA posts 1074
Presentations to doyen of Northern Ireland pharmacy

REGULARS

PSNI Council	1023
Topical reflections	1024
Prescription specialities	1026
Counterpoints	1029
Question & Answer	1052
Letters	1056,1059
Business news	1062
Coming events	1063
Classified advertisements	1064
Business link	1073
People	1074

Comment

Those among the profession who are keen to see the role of the community pharmacist extend will find much to delight them in the new syringe and needle exchange figures from Liverpool (p1020).

The introduction of such a scheme in only 17 of the city's 125 pharmacies has succeeded in more than doubling the number of exchanges taking place in just 12 months. While it might be argued that some of these represent existing users who already exchanged at the city's Maryland Centre but who found the local pharmacy convenient when travel into town was not possible, that cannot be the whole story. The logical conclusion is that an extension of this service to local community-based outlets has attracted many new "clients". And neither can the service be accused of just flooding the market with "clean works". The high percentage of returns bears witness to the fact that the system is working and, as a result, fewer people are sharing used syringes and needles. The overall effect will be at best a halt, or at least a slowing, in the spread of HIV and AIDS.

As Peter West, pharmacy advisor to Liverpool Family Health Services Authority says: "It is a credit to the contractors that the service has taken off in the way it has". Some pharmacists have viewed the prospect of offering such a scheme with trepidation, worried that other customers could be put off by contact with addicts, often perceived as "undesirables".

If ever there was evidence that a service, provided in areas with a defined need, has positive benefits, this is it. Who knows how many drug injectors would otherwise have resorted to sharing dirty needles and possibly succumbed to the tragedy of AIDS.

But the profession, while accepting the good that is being done from a healthcare point of view, can learn an important lesson from these figures, particularly in the light of the recent report by the Joint Working Party. The Department of Health has made it clear that it wishes to set up and fund pilot projects in a number of areas but it has stressed that the proposals must be relevant and show a positive benefit to the patients. Liverpool's approach to research and analysis is exactly what is needed to prove, in black and white, that the involvement of community pharmacies in certain schemes can, and does, benefit patients. All those involved in projects, regardless of the relevant Working Party recommendation, should be looking to review their work, assessing its impact and, where a marked benefit is found, shouting the results from the rooftops.

Success of pharmacy based syringe exchange scheme

A needle and syringe exchange scheme based in community pharmacies has dramatically increased the number of people being attracted to use the service.

A survey of the first 12 months of the scheme, set up in Liverpool in April last year, has shown that while the number of syringe and needle exchanges through pharmacies has risen substantially, those taking place through other centres in the city have not fallen.

The conclusion is that the availability of the pharmacy-based service has had the effect of attracting new "clients" into the service, the end result being that the greater exchange of needles and syringes should lead to a reduction in the spread of HIV infection and AIDS.

A questionnaire of 20 people using pharmacies to exchange needles and syringes showed encouraging results and feedback from the pharmacists involved was very positive. Recommendations highlighted by the survey, including the need for an identifiable logo, back-up training and information, and a list of current drug-injector's "slang" are to be taken on board.

Jeremy Clitherow, secretary of Liverpool Local Pharmaceutical Committee and a member of the scheme's steering group, says the survey shows that pharmacists are making contact with "the submerged iceberg" of drug users. "Patients most in need are now being attracted into the service."

Of the 125 pharmacies in Liverpool, 17 are taking part in full syringe and needle exchange, said Mr Clitherow. One training evening had already been held and another was now booked. There was a great deal of enthusiasm among pharmacists for the scheme with people wanting to know more and asking for further training.

Prior to this formalised pharmacy-based scheme, the main source of clean needles and syringes was the Maryland Centre, a unit in the centre of Liverpool, next door to the drug dependency clinic. The pharmacy scheme was set up in conjunction with workers at the centre who welcomed it as an extension of their service.

During the first month of the pharmacy-based scheme 1,060 syringes were supplied. This compared to 12,183 supplied through the Maryland Centre. In March, the number being provided through pharmacies totalled 14,560, while those going out through the Maryland Centre has also risen to 13,423.

However Peter West, pharmacy adviser to Liverpool Family Health Services Authority, says that the important thing is not just supplying clean syringe and needle sets but also the percentage that are returned. The figure for March was 71 per cent for pharmacies and 95 per cent for the Maryland Centre. In some months both record that more are returned than issued.

Mr West said he would like to see the scheme expanded but that was not possible at present. It was not a service that was appropriate for all pharmacies, he said, but was a targeted service determined by professional choice, the need in the area and the availability of other services in the vicinity.

"It is a credit to the contractors involved that the service has taken off in the way that it has and has been accepted by clinics in the way that it has," he said.

DTB attacks Didronel PMO

Women may be taking Didronel PMO for types of osteoporosis for which it is not licensed, according to *The Drugs and Therapeutics Bulletin* this week. The *Bulletin* says that while the drug is only licensed for the treatment of established vertegral osteoporosis, a recent advertising campaign urged doctors also to prescribe it for wrist and hip fractures.

Colin Hislop, UK medical director of Norwich Eaton, told *C&D* that the *Bulletin's* implications were untrue. Although a reference to hip and wrist fractures appeared in the last promotional campaign, it was made in the context of a diagnostic clue, to alert doctors to look for underlying osteoporosis at another site. Vertebral, hip and wrist fractures are all related complications of osteoporosis, he says. Mr Hislop added that the company decided that the promotional message was unclear in April, and amended their advertising copy prior to the *Bulletin's* complaints.

Editor of the *Bulletin*, Dr Joe Collier, says Norwich Eaton should now help doctors identify patients who might have been given Didronel PMO for indications other than vertebral osteoporosis. However, Mr Hislop says there is no rationale for this as there is no suggestion the drug would have been harmful — it may even have been beneficial.

The *Bulletin* also say that the drug's Data Sheet and promotional material should explain the initials PMO; the company says the link of PMO with postmenopausal osteoporosis is apparent. PMO distinguishes the drug from the different dose and regimen of Didronel used in Paget's disease and hypercalcaemia of malignancy.

Rural pharmacy in the Lords

Junior Health Minister Baroness Cumberledge has said that rural areas should not be deprived of pharmacies through extension of the role of dispensing doctors.

Speaking in the House of Lords last week, she said: "In the past year, three-quarters of the population received advice on medication from pharmacists. The pharmacist is often the first port of call." She endorsed the view of Lord Mackay of Ardbrecknish, a former Scottish Health Minister, that pharmacy could offer "a far wider range of services than could ever be provided by a dispensing doctor".

She said that the present arrangements for rural dispensing were designed to ensure that people had access to a comprehensive range of both medical and pharmaceutical services.

"It would therefore be wrong to reject an application from a pharmacist to dispense simply because there is already a dispensing doctor in the area."

The Countess of Mar, patron of the Dispensing Doctor's Association, argued that patients were being denied freedom of choice through the protection being offered to pharmacies in rural areas.

She said once patients had said they wanted their prescriptions dispensed by a pharmacist they could only go to a pharmacy "despite the fact that the doctor is dispensing on the premises".

Lady Cumberledge replied that in areas where both doctors and pharmacists were dispensing it was important to have an integrated service. "It is important that the pharmacy is made viable. It is also in the interests of the NHS to reduce the conflict of interest which potentially exists when one person both prescribes and dispenses."

Lipidwatch to help patients and GPs

A health education programme for patients, doctors and practice nurses, that emphasises the multifactorial nature of coronary disease prevention has been launched by Parke-Davis.

Lipidwatch aims to educate patients and the practice team on the effects of the balance between high density lipoprotein cholesterol and low density lipoprotein cholesterol. It also provides support for hyperlipidaemic patients to improve compliance with lifestyle changes.

Patients prescribed Lopid 600 will be able to register for Lipidwatch using the form in the packs. Other patients can be nominated by GPs. The patient gets a regular four-monthly package of health education material.

The first contains Foodwatch, advice on diet, while the second contains Bodywatch, an exercise video and booklet.

This will be followed by Smokewatch and Stresswatch.

Details from Medical Action Communications, Action International House, Eversley Way, Thorpe, Egham, Surrey.

Cancer developments

Many people undergoing cancer chemotherapy fail to receive information about potential side effects, a survey has shown.

Only 63 per cent of patients receiving chemotherapy and/or radiotherapy for the first time were warned about side effects; 21 per cent had to ask specifically for information and 17 per cent did not discuss the issue with anyone. Yet 86 per cent of the 690 patients surveyed experienced nausea and vomiting.

Other prevalent symptoms included hair loss, fatigue, depression and feeling weak.

Patients were most likely to discuss side effects with the hospital doctor (58 per cent).

The survey was undertaken with the help of the charity Cancerlink and sponsored by Glaxo Laboratories Ltd.

- A new breast cancer campaign "Saving more lives" was launched by the Imperial Cancer Research Fund last week to help raise funds. Details of a pilot study to test the first vaccine against breast cancer, developed by the ICRF were also announced at the launch.

Pharmacists and clinical trials

Hospital pharmacists should be involved in all aspects of clinical trials from ethical committee approval, through storage and supply of medication, to documentation of trials.

This is the view of the Council of the Guild of Hospital Pharmacists who, on June 4, issued a policy on the role of hospital pharmacists in clinical trials.

In parallel with this document, the Guild's guidelines for pharmacists involved in clinical trials have been updated and a statement issued on the role of pharmacists on ethics committees.

Turning to the subject of recent NHS organisational changes, the Guild's Council discussed the fact that some senior posts seemed to be particularly vulnerable during these changes.

Pharmacists should ensure that the appropriate level of pharmaceutical advice was available throughout both the purchaser and provider network of healthcare provision, said the Guild. It was agreed that, where appropriate, the Guild should be the focus for a nationally co-ordinated response where posts were at risk or new opportunities arose as a result of organisational changes.

The meeting also felt it was disappointing that the recent pay award did not take account of the increasing value placed upon hospital pharmacists in the NHS. However, the management side is prepared to enter further discussion later this year on "how rewards might be more closely related to performance and productivity". Negotiations are scheduled to begin in September.

Other ongoing issues currently under discussion by the Guild include the supply of unlicensed medicinal products, protection for workers exposed to carcinogens and study leave.

EC drug labelling 'does not guarantee improvement'

Labels on medicines can be confusing and new EC rules are no guarantee of improvement, according to the June edition of *Which? Way to Health.*

A survey by the Consumers' Association showed that one in five people don't understand warnings on labels. And the article claims it is possible to stick to the new EC labelling rules, due to come into force in 1993, and still go wrong.

A survey of 50 medicine containers, dispensed over the past two years and returned to a pharmacist for disposal, showed that most were in the traditional "brown bottle" rather than manufacturers' original packs.

Three of the 50 were just labelled "Take as before" and 29 had at least one additional warning. When testing the understanding of these warnings, the CA found that one in five people had problems, even when they had the right answer in a list of options in front of them.

Although 90 per cent understood "Do not exceed the stated dose" and 82 per cent "For external use only", only 31 per cent understood "Take on an empty stomach". Many thought it would be OK to take the tablets immediately before a meal, but then the stomach would not remain empty long.

Attempts by the Association to test what they considered to be simpler alternatives made little difference to how much people understood.

The CA also asked a panel of pharmacists, doctors and information designers to assess the labels and leaflets currently provided with prescription and over the counter medicines.

Concluding that the current EC design rules are too loose, the Association said that more detailed guidelines were needed particularly with reference to the size of type and the layout of leaflets.

"We'd like to see drug companies required to:

- Provide the information that will eventually be required by the EC rules as soon as possible.
- Follow the further EC guidelines that are being produced on presentation and consult design experts when necessary.
- Take steps towards testing labels and leaflets on users," says the CA.

'Miracle creams are no cure for ageing skin', says CA

"You won't find a cure for ageing skin in a jar, no matter how expensive it is", claims the Consumers' Association in the latest edition of *Which? Way to Health* magazine.

The Association asked a panel of dermatologists to examine claims made for six skincare products. The manufacturers were Christian Dior, Clarins, Elizabeth Arden, Estee Lauder, Lancome and L'Oreal and prices ranged from £5.59 for 30ml to £39.50 for 60 capsules.

"No clear indication that this product can do what it says it can do", "effects can be anything or nothing" and "it's make-believe", were among the comments from the panel.

Most of the products were likely to be effective moisturisers, concluded the report, but the most effective "anti-ageing" ingredient was likely to be a sunscreen.

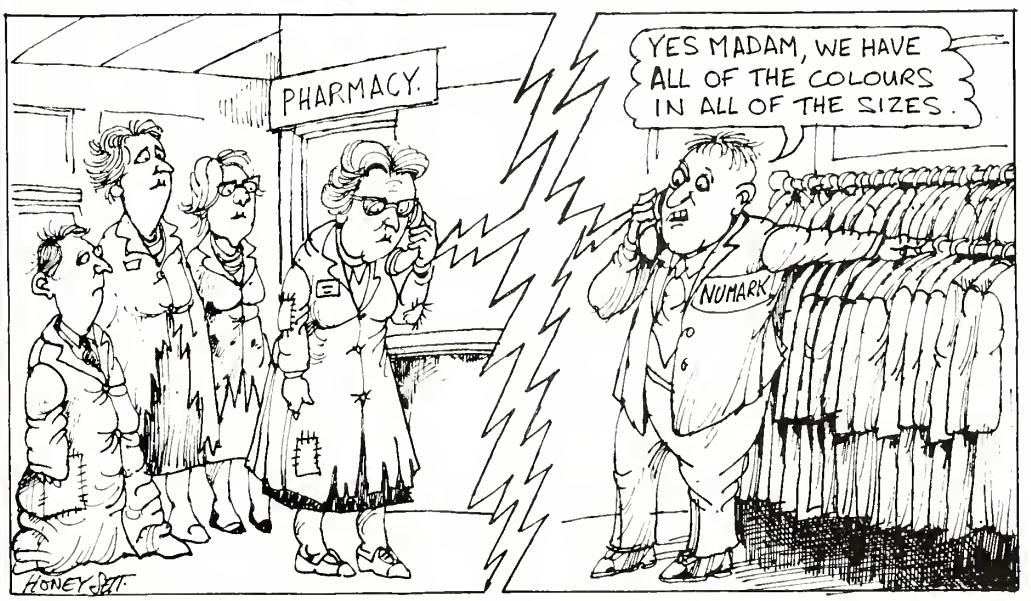
"Cosmetic companies seem to be experts in the art of brinkmanship — many of the claims of the products we examined are left vague, and our wishful thinking does the rest," said David Dickinson, editor of *Which? Way to Health.* "Keeping yourself out of the sun could do you as much good as some 'breakthrough' skin care products on the market."

Steppin' out in Numark's new workwear

Numark have launched a range of workwear for pharmacy staff. It is the latest development of the group's Retail Concept.

The Fashionline range includes a dispensary coat for men and women, pharmacist coats for both men and women, a short-sleeved dress with pastel contrast, a wrapover coat with pastel piping and a sleeveless jacket or tabard with a pocket in the front.

The range of coats comes in a choice of 24 colours and personalised badges can also be provided, says Numark's retail development director David Wood.



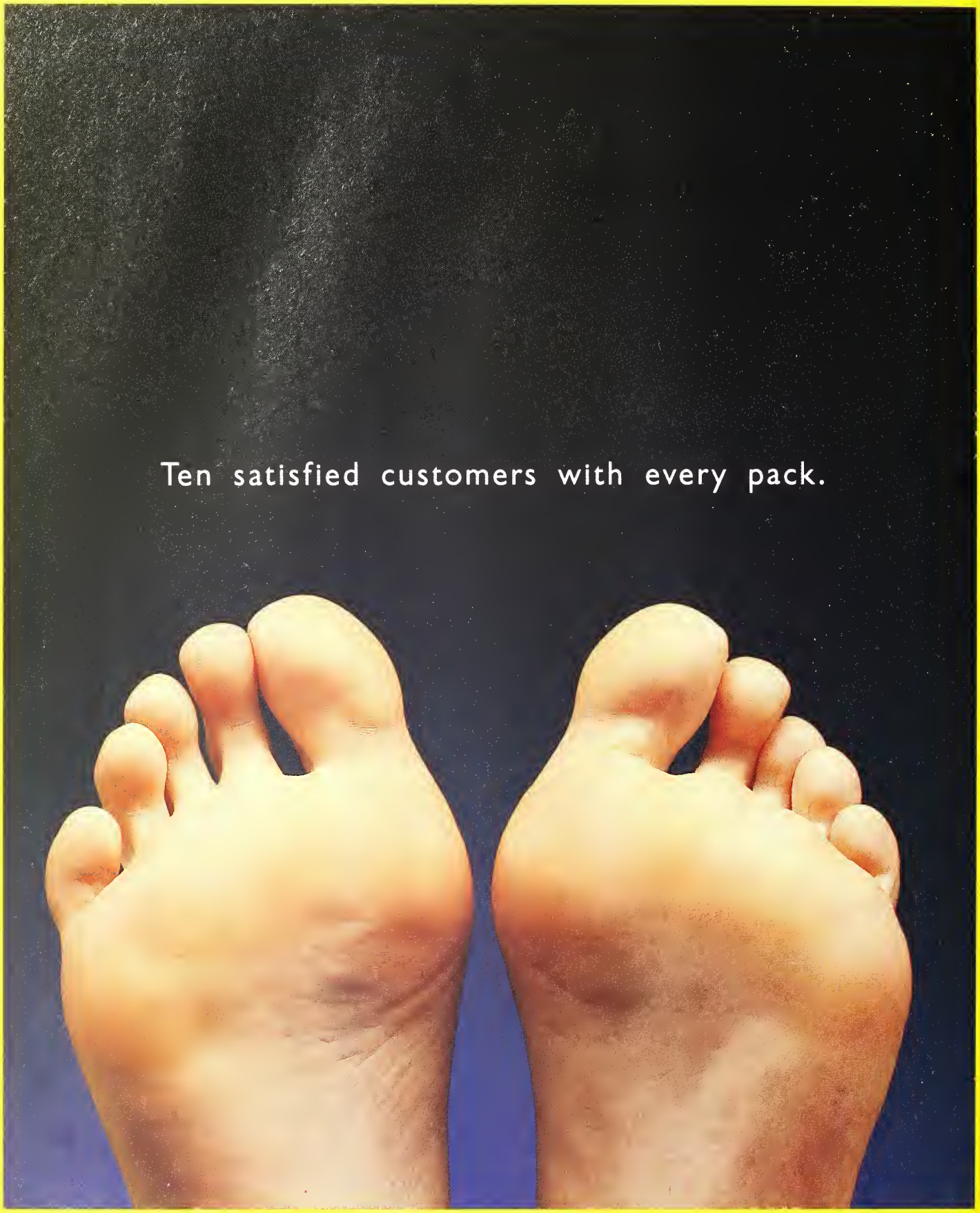
Attacks on EC POM move

A draft proposal by the European Commission which would bring the marketing of dietary supplements in the UK into line with that in other EC countries has been attacked by Labour MP Peter Hain.

He has tabled a Parliamentary Motion condemning the Commission's attempt to limit the sale of such products in Britain to pharmacies on prescription only.

Mr Hain claims that this "highly restrictive practice" has created a thriving black market in dietary supplements in the EC countries where it is already in operation. The motion calls on the Government to block any EC Directive which would have the effect of making products currently sold as food supplements in the UK reclassified as medicines.

- The Government is to be pressed to extend its commitment to more open government to the field of medicine. A Private Members Bill introduced in the Commons on Wednesday by Mr Giles Radice (Labour) provides for the compilation and disclosure of information about medicinal products and related matters.



If only it was always this easy to please people. Simply recommend Mycil and athlete's foot disappears as quickly as it appeared. Because Mycil is so effective, it's the most popular treatment you can stock. All you have to do is sit back and watch it walk off the shelf.

Stops Athlete's Foot in its tracks.

CROOKES Healthcare

ASA upholds pharmacist's complaint over herbal ad

A Berkshire pharmacist's objection to a national Press advertisement for herbal medicines headed "...and they said Thalidomide was safe..." has been upheld by the Advertising Standards Association.

The case, in the ASA's latest report, referred to an advertisement by Herbal Health Organisation which claimed: "It takes a few years of testing to get a licence to market a new drug. Yet side effects can take much longer to show up. Will the next so-called miracle cure ruin your life as drugs have many others."

The advertisement continued: "Conventional medicines cannot be ignored but powerful preventative and curative herbal treatments can have a dramatic beneficial effect on your health and the quality of your life."

The pharmacist objected to the advertisement on the grounds that it was likely to provoke undue fear of conventional medicines and that it implied that herbal treatments could cure various conditions rather than simply relieve their symptoms.

Investigating the complaint, the ASA was concerned that the advertisers failed to provide any evidence to justify the alarming approach used in relation to conventional medicines as a whole.

The Authority requested that they refrain from the use of fear in order to promote their products in future.

The ASA was also concerned at the advertiser's failure to substantiate the implication that their herbal products, as opposed, to chemicals derived from plants by pharmaceutical means, could cure medical conditions.

Although the advertisement in question had already been withdrawn, the company was requested to take greater care in the preparation of advertisements in the future.

- Alternative medicines also come under the spotlight in the latest issue of the Consumers' Association's magazine *Which? Way to Health.*

The standard of proof that some doctors demand before they will accept that a complementary treatment works is often more than many conventional procedures have undergone, says the report.

The importance of the placebo effect and difficulties in devising clinical trials for complementary therapies is highlighted. Medical audit could be used to assess which complementary treatments work.

Speakers at the 25th *Chemist & Druggist* seminar for pharmacists and assistants co-sponsored last week with Farley's on babymilks(p1039). From left to right are: Victoria Pennington, nutritionist at Crookes Healthcare; Dr Margaret Lawson, senior lecturer in paediatric nutrition at the Institute of Child Health; Adelaide Sharples, Ostermilks product manager, and David Reilly, product manager Farley's Junior Milk

'Untrained' home helps administer drugs

Home helps are being asked to perform a range of activities which should be carried out by qualified nurses, according to a survey by the National Union of Public Employees (NUPE).

The research, carried out between June and November last year among 1,500 home carers, found that 17 per cent were asked to perform tasks which they thought should be carried out by trained professionals. These included administering drugs, injections, changing dressings, changing catheter and colostomy bags, as well as stoma care and testing urine for diabetes.

One third reported administering drugs, despite the fact that most of them (51 per cent) only had health and safety training and only 39 per cent had first aid training.

The average home help worked just under 21 hours a week for an average pay of £3.72 per hour, while nearly 25 per cent reported working overtime without pay.

Commenting on the survey, the full results of which will be announced later in the year, NUPE general secretary Rodney Bickerstaffe said that home help service was provided on the cheap.

"Given the range of tasks they perform their pay is miserably low, but their dedication is demonstrated by the fact that in some cases they work for nothing," he said.

Calling for proper training and pay structures, Mr Bickerstaffe said: "If the Government is really serious about improving care in the community then it must recognise that home helps are among the front-line troops."

Gwent FHSA launches smoking plan

A local protocol to involve pharmacists in smoking cessation is being planned by Gwent Family Health Services Authority, keen to develop the pharmacist's role as a health promoter.

A one day conference on May 31, attended by 48 community pharmacists and 39 pharmacist guests, was well received. The main theme was how pharmacists could assist in the "fight against smoking".

Delegates participated in workshops and provided material that will form the basis of a local smoking cessation protocol for use in Gwent pharmacies.

The initiative is a joint one between the FHSA and Local Pharmaceutical Committee with the support of the Welsh Centre for Postgraduate Pharmaceutical Education. The aim is to ensure that pharmacists throughout the county are able to give appropriate advice and assistance to people wishing to give up smoking.

If successful, the project will be followed by other health initiatives.

PSNI Council

New PSNI 'Statutory' chair

Mr Timothy Ferris, QC, has been appointed chairman of the Statutory Committee of the Pharmaceutical Society of Northern Ireland for five years from May 1. He succeeds Mr Charles Mill, QC, who has been appointed chairman of the Standing Advisory Committee on Human Rights.

Concern was expressed at the May meeting of the Society's Council about recent cases of paracetamol poisoning which had resulted in two deaths. Pharmacists are to be alerted to this problem.

The following applications for registration as students were approved:- Carole Anderson, 5 Parkwood, Harmony Heights, Lisburn BT27 4EF
Glynis Boyd, 5 Geroge Court, Ballynure, Ballyclare BT39 9JZ
Aoibhinn Bradley, 16 Cleaver Avenue, Belfast BT9 5JA
Andrea Briggs, 22 Springvale Park, Belfast BT14 8DD
Nicola Campbell, 4 Upper Cavehill Road, Belfast BT15 5EZ
Clare Agnes Maria Conroy, 27 Benburb Road, Moy, co Tyrone
William Ian Coulter, 7 Woodgreen Avenue, Kells BT41 3ET
Judith Etherson, 123 Kylemore Park, Creggan Road, Londonderry
John Hannawin, 9 Drumhill Avenue, Ballynahinch BT24 8EE
Joanne Kennedy, 115 Park Avenue, Belfast BT4
Paul Linehan, Farmleigh, Killaire Avenue, Carnalea, Bangor
Roberta Loughlin, 2 William Street, Poyntzpass, co Down BT35 6SS
Ciara McConville, 37 Denmesne Park, Holywood, co Down
Gillian McMillan, 4 Lisivatty Road, Coleraine, co Londonderry
Laura-Anne McMillan, 4 Lisivatty Road, Coleraine, co Londonderry
Anne O'Neill, 79 Ballylough Road, Castlewellan BT31 9JG
Dermot O'Neill, 26 Stranmillis Gardens, Belfast BT9 5AS
Fiona O'Neill, Belmore House, Killeen, Newry BT35 8RX
Siobhan Reilly, 18 Drumman Park, Armagh BT61 8EH
Judith Robinson, 45 Reaville Park, Dundonald, Belfast BT16 0AR
Martin Shephard, 4 Trummery Lane, Moira BT67 0JN
Michael Martin Tunney, Garvery, Legg's PO, co Fermanagh

Mr R.J. White, OBE FPS, has been renominated to represent the wholesale drug trade on the PSNI Council for three years.

Dentists in move to cut out NHS

Dentists could be about to turn away NHS patients following the Government's proposals to introduce a 7 per cent fee reduction.

The reduction will bring the average income for dentists to around £40,000, according to the Government, which still exceeds the net pay target £35,815 set by the Doctors and Dentists Review Body.

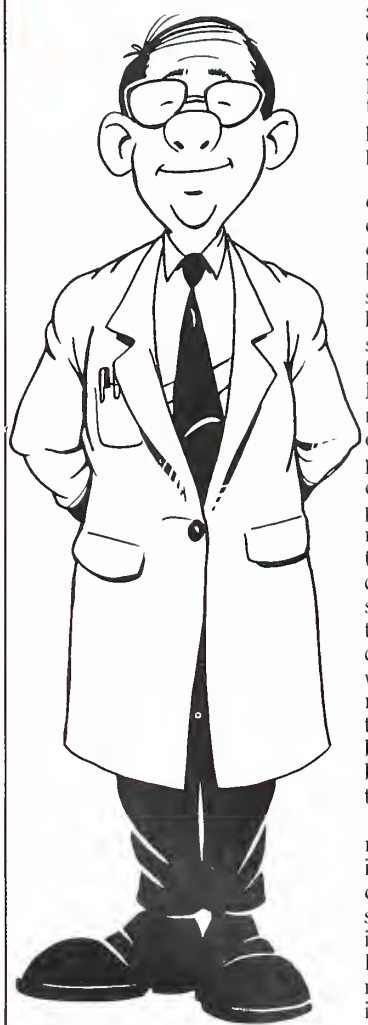
Reacting to the pay cut, however, a ballot of The British Dental Association's members is expected to vote in favour of turning away new adult NHS patients.

If the reduction goes ahead the cost of an examination will be reduced from £3.75 to £3.50, a medium filling from £7.95 to £7.40 and a crown from £56.25 to £52.30.

Topical REFLECTIONS

NAO report to destroy the likes of my pharmacy

Hear! Hear! That was my immediate reaction to the letter from Peter Curphey *(C&D* June 6) when he advocated the setting up of a working party from within the profession to forestall a possible imposition by the Department of Health of the more contentious suggestions contained in the National Audit Office report on community pharmacies in England. The point is well made that a report from such an august and independent body will be ignored at our peril and that, instead of criticising its findings on principle, we should be constructively examining the whole report and then producing a pharmaceutical concensus for submission to parliament as the way forward.



The theory is superb but will the reality, like the Earth Summit, fall way short of expectation. The problem pharmacy faces, as a profession, is that it is unable to control its won commercial destiny, and this report is essentially about the commercial future of the practice of pharmacy. Boots have categorically stated that they would support the end of the front-loaded system of remuneration, with the avowed intention of gaining market share. Also they have demonstrated their aggressive strategy by writing to doctors planning new surgeries suggesting the incorporation of a Boots pharmacy into that planning procedure.

Meanwhile, what do I think, as a community pharmacist, of this document — another report into community pharmacy? I think, that however august the body, there is still confusion in the lay mind between economic efficiency in the supply of dispensing services, and the raison d'être for my existence. My wife always complains we can never arrange to go out for a day or on holiday without an exhausting prelude to the event which almost destroys it enjoyment. That pressure is a consequence of my responsibilities, as a professional, to see that first of all, the rightful demands of the patients are satisfied. I cannot walk away from those responsibilities just at the drop of a hat, but in the utopian world of the National Audit Office's mega-pharmacy-dispensing-factory, that is precisely what may happen because the patient will have become subordinated to a time-dependent work unit.

Set up a working party by all means, and quickly. Let it consider in depth and report publicly, but if conflict between its eventual suggestions and the commercial interests of the likes of Boots and Lloyds produces dissension, then it must be made clear that it is the interest of the patient as an individual that is paramount. John Major has set great store by his Citizen's Charter. Independent pharmacy still provides a citizens service to be proud of, where people are treated as individuals. I respect the NAO for its credentials, but the economic logic of its report will destroy the likes of my pharmacy, and with it, I would respectfully suggest, an invaluable contribution to the total health of our society.

Packing them off — and on the back

This week I saw my first example of Parke Davis's new packaging for Erymax, and I was delighted to see such a dramatic reduction in size from its predecessor. It is nice to see a company taking note of criticism, so having patted Parke Davis on the back, maybe the production managers of May & Baker, Ciba Geigy, Lederele and Lilly might earn equal praise by a similar exercise in their packaging.

Only one cloud, however, on the horizon. The first Erymax original pack was a logical seven-day 28-capsule pack, but the new slim-line version now contains 30 capsules, or seven and a half days supply at the recommended doses. Visually, most of our scripts conform to the seven-day convention, so after 14 scripts I will have 28 capsules left to satisfy the next one. So much for original pack dispensing, but if I photocopy the patient leaflet, I could then make up my own OP!

While on the subject of original packaging, when was seven weeks a logical period of treatment? I have never seen a 49-day period of treatment prescribed, but Lederle has assumed that magic number for Minocin MR. If original packaging with an accompanying patient information leaflet is to become the norm, then at least there must be some better sense in determining the pack quantity than a mathematical conjuring trick to demonstrate to the disbelieving medical profession the cost-effectiveness of a new, one-a-day presentation of a very expensive treatment for teenage acne.

Premises down 24 in May

The number of premises registered with the Royal Pharmaceutical Society fell by 24 in May.

Overall there were 15 additions, one restoration and 40 deletions, bringing the total number of registered pharmacies in Great Britain to 11,872.

In England, excluding London, 12 pharmacies opened and 23 closed. In London, there were two additions, seven deletions and one restoration.

In Scotland there was an overall drop of seven (one addition, eight deletions) and in Wales, just two deletions.

The May figures follow two months of small increases. It is the second largest drop this year — there was a decrease of 61 in January.

Information hold up

The British Diabetic Association's printers are unable to deliver on time, the information packs which should have been mailed with the latest Pharmacy Healthcare leaflet on diabetes. The packs will follow separately during the week of June 15.

There are no further Pharmacy Healthcare mailings until August when the subject will be vaginal infections. This will be followed by information on "Testicular cancer" in September and "Safer sex and AIDS" in October/November.

Saskia Zeelenberg, the project co-ordinator, has advised that there are no more display stands of any size available at present. It is unlikely that any stands will be produced again this year but they may be included in the budget for next year.

July 1 is Psoriasis Day

The UK's first National Psoriasis Day will be held on July 1 in an attempt to raise awareness of the plight of the 1.5 million Britains who suffer from the disease.

The event is being sponsored jointly by the Psoriasis Association and Leo Laboratories and will involve a media campaign with interviews with sufferers and medical experts in the field.

A recent survey showed that 2 per cent of the population suffers from psoriasis and of these 41 per cent feel their GPs fail to appreciate the implications of living with their condition. Over half said they were embarrased to wear Summer clothes and 35 per cent felt their sex life had been adversely affected.

THE PERFECT END TO AN IRRITATING WEEK

When a customer suffers from contact dermatitis or reactions to insect bites, you can't recommend a quicker relief than Hc45.

In fact, speed of action and efficacy are the main reasons why 90% of customers are perfectly happy using it for irritated and inflamed skin conditions. And that's why you and your colleagues recommend Hc45 twice as often as any other hydrocortisone brand[1]

Also, when used properly under your direction, 1% hydrocortisone is quite safe. And as we've found out, customers do follow your directions faithfully[1]

Proper use, as you know, includes two applications a day for 7 days or less. Between those applications, Cream E45 can be used for even greater relief. This is yet another example of how different members of the E45 family complement one another.

So do continue to recommend Hc45 – accompanied, when needed, by Cream E45. Your customers will thank you afterwards.

Ref. 1. Martin Hamblin Research.
The Purchasing of OTC Hydrocortisone, January 1990

HC45

As gentle as it's effective

CROOKES Healthcare

Vivotif is oral typhoid vaccine

Evans Medical have launched the UK's first oral typhoid vaccine. Vivotef consists of a live, attenuated strain of *Salmonella typhi* and is said to offer advantages over injectable vaccines while offering the same efficacy (around 70 per cent).

The company says the vaccine completely overcomes the main drawbacks of parental typhoid vaccines — patients' dislike of injections and the associated pain and local reactions. Systemic side effects are also said to be virtually non-existent; mild and transient reactions occur in less than 1 per 100,000 doses.

In addition to inducing a hormonal immune response like injectable vaccines, Vivotif also provides cell-mediated immunity (because it is live) and mucosal immunity (because it is given orally). Mucosal immunity is said to be a logical approach to typhoid immunisation as it induces local production of secretory antibodies in the intestinal mucosa, the initial side of *S typhi* attack.

Vivotif has been registered in over 40 countries and has been in use in the USA since 1989. Vivotif is the first oral vaccine to be introduced here since the polio vaccine. Evans Medical are confident that it will be the first of a wide range of oral vaccines to emerge using the new technology.

Product licence holder Swiss Serum & Vaccine Institute, Berne, UK suppliers: Evans Medical Ltd, Langhurst, Horsham, West Sussex RH12 4ZG

Presentation One single dose contains not less than 2×10^9 viable organisms of the attenuated *S typhi* strain in a lyophillised form. One pack comprises three enteric coated capsules in a single foil blister (£24.81 trade). Patient information leaflets are included in packs. Fridge stickers reminding patients to take their dose and patient information leaflets are also available from pharmacies

Indications For oral active immunisation against typhoid fever

Dosage and administration Adults and children over 6 years old. The complete immunisation schedule is three vaccine capsules, taken on alternate days (days 1, 3 and 5). Each capsule should be swallowed approximately one hour before a meal with cold or lukewarm water (not exceeding body temperature). The vaccine capsule should not be chewed; it should be swallowed as soon as it is placed in the mouth. Protection against typhoid fever commences approximately 7-10 days after ingesting the third capsule. Under conditions of repeated or continuous exposure to *S typhi*, protection persists for at least three years; travellers from non-endemic areas should repeat the course annually

Contra-indications Children under six years of age; pregnancy and lactation; congenital or acquired immunity including treatment with immunosupressive or antimitotic drugs: acute febrile illness; acute gastrointestinal illness; persistent diarrhoea or vomiting; hypersensitivity to components of the vaccine

Side-effects Transient mild nausea, abdominal cramps, diarrhoea and urticarial exanthema may occur in less than 1 per cent of cases

Interactions Sulphonamides and antibiotics may be active against the vaccine strain and prevent a sufficient degree of multiplication to induce a protective immune response. In the case of simultaneous malaria prophylaxis with mefloquine, do not take the two on the same day; if unavoidable, separate by at least 12 hours

Pharmaceutical precautions Store at 2-8 °C in a dry place, protect from light

Legal category POM

Product licence number 0543/0002

Issued April 1992

Typhim Vi vaccine now available

Merieux's single shot typhoid injection, Typhim Vi vaccine is now available in the UK, six weeks earlier than predicted. **Merieux UK. Tel: 0628 785291.**

SR propranolol from Tillomed

Tillomed Laboratories have launched Beta-Prograne capsules. The sustained release propranolol 160mg are available in packs of 100 (£22.42). Tillomed Laboratories Ltd. Tel: 0462 480344.

Deltacortil 500 packs

Pfizer are reintroducing the 500 tablet packs of enteric coated Deltacortil 2.5mg and 5mg. The 5mg×500 tablet pack (£9.11) is now available from wholesalers. The 2.5mg×500 pack (£4.85) will be available from June 29. **Pfizer Ltd. Tel:**

New colour Soni-Slo

Lipha have changed the colour of Soni-Slo capsules. Soni-Slo 20mg capsules are now clear colourless/opaque pink capsules, filled with off-white pellets. Soni-Slo 40mg capsules are clear colourless/opaque yellow capsules, filled with off-white pellets. **Lipha Pharmaceuticals. Tel: 0895 449331.**

Ilube available in 10ml pack

Cusi (UK) Ltd wish to inform all pharmacists that Ilube eye drops are readily available in 10ml packs. The 10ml pack replaces the 15ml pack, which has been discontinued, and requires a different order code (Ilube 10ml PIP code 019-5552). **Cusi (UK) Ltd. Tel: 0428 61078.**

Imferon and Dextran unavailable

Imferon production is undergoing revalidation and until this assessment is completed Imferon and the Dextran range of products will not be available for supply.

There are no alternative formulations for the intravenous administration of iron (total dose iron infusion). Jectofer (Astra) is an alternative formulation for intramuscular administration. **Fisons Pharmaceuticals. Tel: 0509 634000.**

Velosef — packaging change

Squibb are replacing bottles of 100 Velosef 250mg and 500mg capsules by blister packs. The change to the 500mg capsules is effective immediately and blister packs of the 250mg capsules will be phased in as stocks of bottles are exhausted, estimated to be August this year. The price of the packs will remain the same. **E.R. Squibb & Sons Ltd. Tel: 081-572 7422.**

Sanomigran data sheet amended

Sandoz have amended the data sheet for Sanomigran. The maximum recommended adult daily dose has been reduced from 6.0mg to 4.5mg. This is to allow standardisation of product prescribing information throughout Europe and not the result of new toxicology findings, adverse events or instructions from the Medicines Control Agency, the company says.

CNS stimulation in children has been added to the side effects together with additional information regarding the pharmacokinetics. **Sandoz. Tel: 0276 692255.**

Abbott withdraw Teflox

Teflox (temafloxacin), the 4-quinolone, launched to British GPs in February has been voluntarily withdrawn from worldwide markets by Abbott Laboratories as a result of reported serious adverse reactions.

Reported adverse reactions included severe hypoglycemia, hepatic dysfunction, haemolytic anaemia, renal dysfunction and anaphylaxis. Less than 100 reports were received worldwide. The majority occurred in the USA and none have been reported in the UK.

Abbott are working closely with the Medicines Control Agency and with ICI, their co-promotion partner, to inform the medical community and to ensure a speedy and orderly withdrawal of the product. A letter will be sent out to all GPs this week including a telephone number for queries.

A spokesman for Abbott Laboratories advised pharmacists to direct any patients who have received Teflox to their GP.

Medical Matters

Nonoxynol-9 infection drop

The use of a vaginal nonoxynol-9 (N-9) spermicide with condoms is better than condoms alone for the prevention of gonococcal and chlamydial cervical infection, according to research in this week's *Lancet*.

Some 343 women, recruited from massage parlours in Bankok, were randomly assigned to use either condoms and N-9 (186 women) or condoms and placebo (157 women). There was a greater than 90 per cent probability that N-9 use provided a protective effect — it gave an overall 25 per cent drop in the rate of cervical infections, with a decrease of 40 per cent in those who showed greatest compliance.

The authors say these results do not indicate that N-9 should be the only prophylaxis against sexually transmitted disease, since not all possible sites of infection are protected — condoms would give more protection to the urethra and vulva for example.

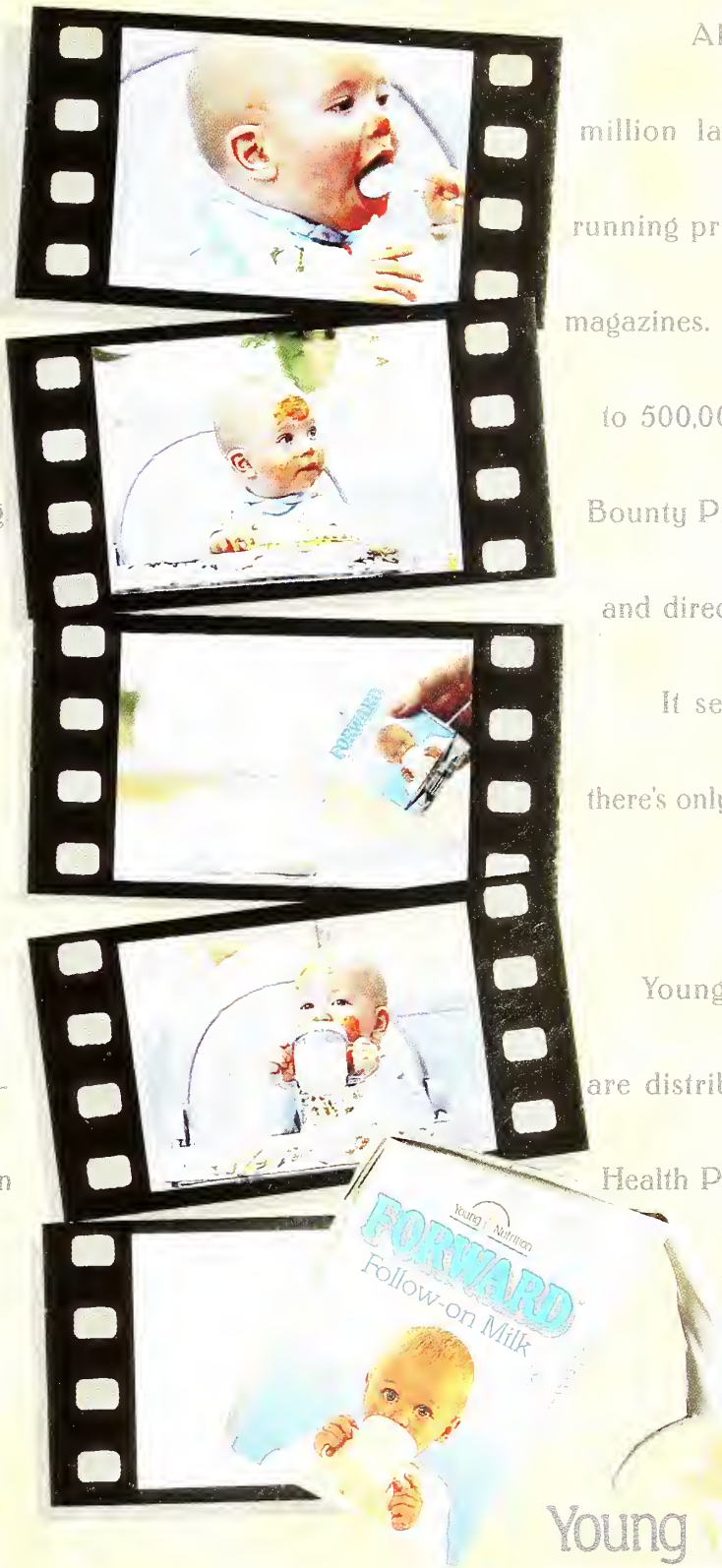
The first babymilk ever advertised on TV.

(No wonder we call it Forward)

Apart from making advertising history, Forward is the first ready-to-feed follow-on milk on the market.

With such a pioneering campaign and unique product benefits, Forward is set to grow the babymilk sector in value and volume.

The 30″ and 10″ commercials will break on television nationally from 16th June, positioning Forward as the ideal weaning milk for babies of 6 months and over.



Also, as part of this £1 million launch campaign, we're running press ads in Parent Care magazines. And sampling Forward to 500,000 mothers through the Bounty Progress pack, PR offers and direct mail.

It seems for this babymilk there's only one way to go. Forward.

Young Nutrition babymilks are distributed by Britannia Health Products Ltd. To place an order, telephone Andy Crumpton on 0737 773741.

Young Nutrition

Award winning advertising from the No.1 brand[2]

STOCK UP NOW

1 VOTED THE BEST CREATIVE ADVERTISING CAMPAIGN IN EUROPE BY OTC NEWS

2 SOURCE NIELSEN DATA

SOLPADEINE IS A REGISTERED TRADEMARK

Counter points

Oxy gets new display aids

Smithkline Beecham have introduced a range of display items to help pharmacies promote their Oxy range.

A display showcard features the new Oxy 10 Cover-up, Oxy 10 and Oxy 5, the medicated clean range incorporating Oxy Clean Medicated Cleanser, Oxy Clean Facial Scrub, and Oxy Clean Facial Wash, as well as the new Oxy Clean Duo Pads and Clean Duo Pads for sensitive skins.

Also available is a tower unit which holds six units for counter impact, a selection of shelf-edgers, and consumer leaflets giving advice and information on the complete Oxy range.

A new television campaign featuring the 'Oxycute 'em' commercial will be on air during July and August, as well as advertising in teenage magazines, and on radio. **Smithkline Beecham. Tel: 081-560 5151.**

Stronger Evening Primrose Oil

Healthilife have launched a new high strength evening primrose oil which provides 50 per cent more of the key ingredient, Gamma Linolenic Acid (GLA), than most simple EPO products on the market.

The Healthlife product contains 15 per cent GLA by combining its two key sources — the oils of the seeds of the evening primrose oil and Borage plants.

High strength evening primrose oil with Borage oil is available in one-a-day 1000mg size (30,£6.59, 60,£12.86) or a two-a-day 500mg pack (30,£3.49, 60,£5.99) capsules. **Healthilife Ltd. Tel: 0274 595021.**

Unichem's Cyprus trip

Five pharmacists and their partners can win a trip to Unichem's Convention in Cyprus from October 31 to November 7 by purchasing Unichem's own-label goods.

Pharmacists have to order 10 cases of Unichem products from the 56 line Cyprus promotion list. The items carry extra discounts ranging from 20-25 per cent. Order forms are available from the company and from representatives. The first five order forms drawn will determine the winners.

This promotion links with one for consumers to be featured in the next edition of Unichem's *Healthy Times* to be published on July 1. Customers buying own label products in the promotion will be able to enter a competition for £20,000 of Peugot bicycles. **Unichem. Tel: 081-391 2323.**

New TCP campaign

TCP will receive a boost this Summer with a Press and poster campaign worth £500,000.

Aimed at mothers of young children, the advertisement shows a small child demanding attention for a cut elbow, under the slogan "For Summer Hollerdays". The advertisements will appear in women's magazines during June, July and August and posters in 4,000 sites. **Chemist Brokers Ltd. Tel: 0705 219900.**

Cover up

Rimmel are running a special promotion on their Hide the Blemish concealer, available at £0.99 (£1.29) from July, while stocks last.

Some 3,000 concealers are sold every day, say Rimmel. It comes in four shades. **Rimmel International Ltd. Tel: 071-637 1621.**

July offers from Unichem

Unichem are offering promotions on Harmony, Macleans, Erasmic, Amplex and L'Oreal Freestyle throughout July.

Amplex 200ml aerosol comes with 25ml free and is on offer at £6.08 for a six pack. Amplex 50ml roll-ons have 25 per cent extra free. A counter unit holding 18 aerosols and six roll-ons is available at £21.43.

L'Oreal Freestyle mousses are discounted, giving a 25 per cent POR.

Macleans toothpaste gives pharmacists a 22 per cent POR. The 50ml size of Freshmint and Mildmint are offered at £4.66 for a 12-pack.

A 22 per cent discount is available on Harmony, with 200ml sizes of all variants holding 25ml extra free. A 12 pack will cost £7.95.

On the Erasmic shaving range a 300ml six-pack of shaving foam is on offer at £3.71 and Lather Shave Cream (125ml) is on offer at £5.03 for a six-pack. **Unichem. Tel: 081-391 2323.**

Subtitled adverts from SKB

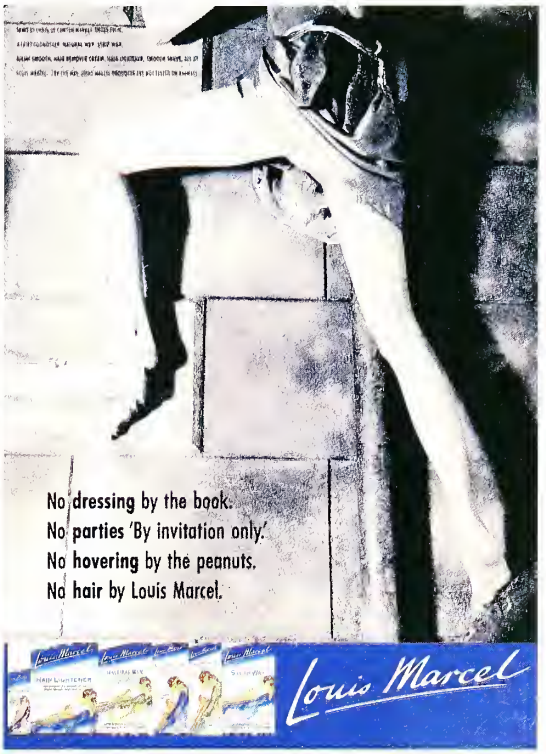
Television commercials for Macleans and Aquafresh now use the teletext facility to provide subtitles for the deaf and hard-of-hearing.

Smithkline Beecham are providing the service for the estimated 17.5 million people in Great Britain who have some degree of hearing loss, ranging from mild to profoundly deaf. **Smithkline Beecham. Tel: 081-560 5151.**

Smile, say Wells

To support their "healthy alternative drinks", Wells Soft Drinks have collaborated with the British Dental Health Foundation to promote their National Smile Week 1993 initiative.

This Summer 25,000 schools in the UK will be invited to participate in a competition to design a poster encouraging good dental hygiene. **Wells Soft Drinks. Tel: 0584 810567.**



Louis Marcel has launched a Press advertising campaign for the Summer, coinciding with the peak sales period for the depilatory market. The campaign, comprising two full colour advertisements to appear in a variety of women's and teen Press, features the strap line 'No hair by Louis Marcel', with the repackaged product range at the bottom of the ad. The campaign will run until August. Sara Lee UK Ltd Household & Personal Care. Tel: 0753 523971.

Frizz-free hair with Estolan

Estolan has launched Frizz Free, a non-oily hair conditioning product which works by coating and sealing the hair shaft to prevent hair frizzing in damp weather.

The coconut scented product can also be used on children's hair helping to overcome tangles, while being gentle.

Available in 45ml bottles, retailing at £2.99, the product is not tested on animals. **Original Additions (Beauty Products) Ltd. Tel: 081-573 9907.**

Stawberry flavoured lips

Whitehall Laboratories have added a strawberry variant to the Chapstick range, with the added benefit of SPF4. For the launch, the company has produced a special display unit. **Whitehall Laboratories. Tel: 071-636 8080.**

Sun Nutritional have added a new Slim-Fast variant, Fruit Juice Shake. The product is mixed with any type of fruit juice instead of skimmed milk. The new variant will be supported by a national television campaign. Sun Nutritional. Tel: 0753 583737.

Dior sheds new light

Christian Dior have produced a light reflective foundation, Reflet du Teint (50ml £16), said to smooth and even skin tone, and soften features.

With a light texture, it contains moisturisers and a sunscreen, and comes in four shades: Pale Light, Rose Light, Warm Light and Bronze Light. **Parfums Christian Dior. Tel: 071-235 9411.**

Elastoplast backs safety in sport

Smith & Nephew are launching a Safety in Sport campaign with Elastoplast.

To communicate safety messages to children the company has introduced "the Bruise Boys" characters. An on-pack promotion offers consumers a free Bruise Boys poster and mini sports kit in a bum bag with two proofs of purchase from the range. The poster has been developed in association with the Royal Society for the Prevention of Accidents. **Smith & Nephew Consumer Products Ltd. Tel: 021-327 4750.**

Skincare Plus adds three creams

Jedmon Products have added three creams to their Skincare Plus range. PABA cream is suitable for face and body and contains a sunscreen. Jojoba cream can be used as moisturiser and aftersun cream, say Jedmon. Olive Oil cream is a non-greasy blend containing olive oil, suitable for dry skin.

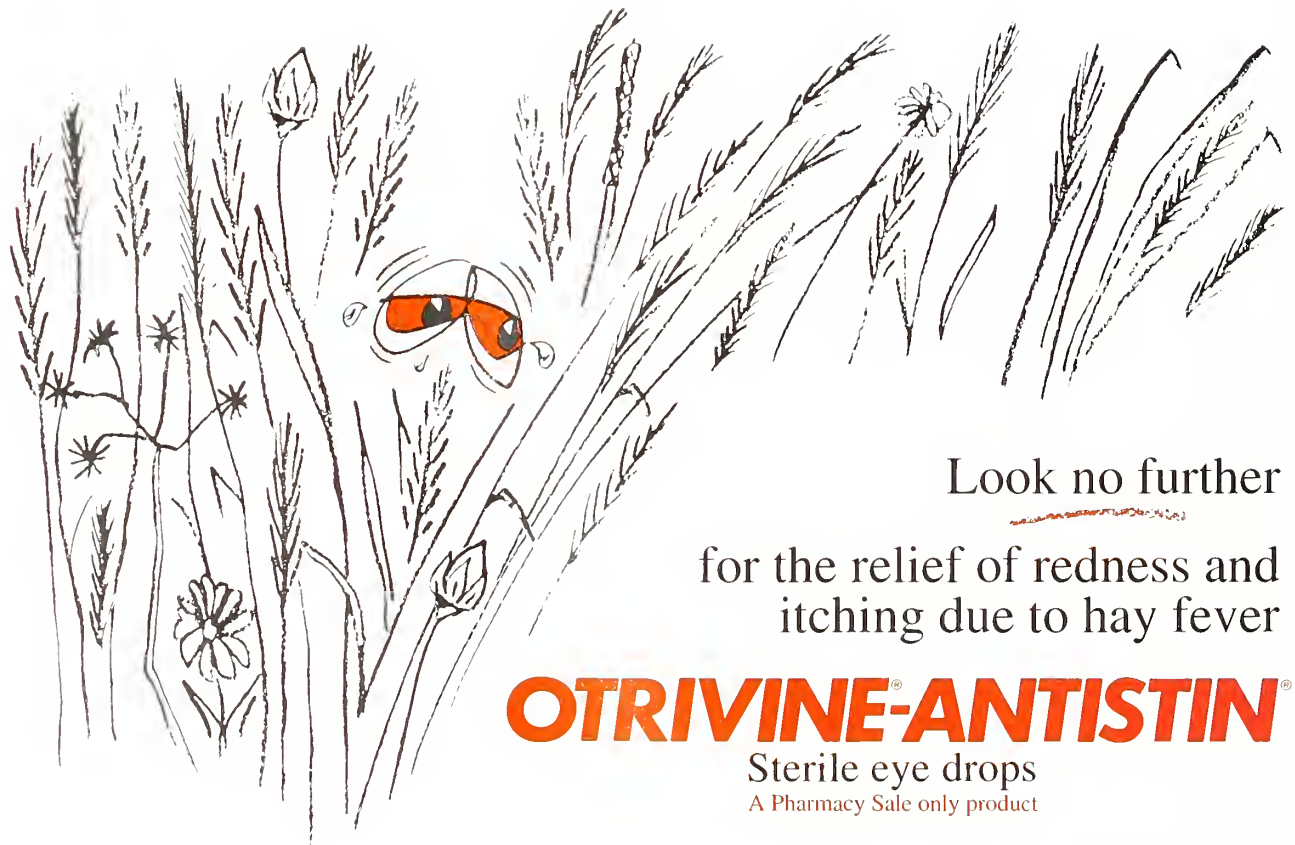
All products retail at £1.99 for a 16oz jar. A trial size 2oz jar is also available (£0.50). **Jedmon Products Ltd. Tel: 0354 56609.**

Win unlimited travel

Fuji are running a competition giving away a pair of free tickets to go anywhere in the world everyday for the next two months.

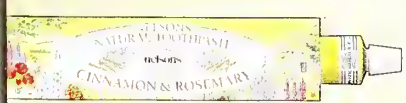
At the end of the promotion a couple will win free travel anywhere for a year. The competition will be advertised in newspapers and magazines.

To enter, consumers need to buy a roll of Fuji film and ring 0891-345 600. Entrants will also receive a money-off voucher on their next roll of Fuji film. **Fuji Photo Film. Tel: 071-586 5900.**



A GAP IN THE MARKET

Nelsons toothpaste fills that gap. In three natural flavours, it's free from artificial sweeteners, colours or flavours. It's right for all your customers. And because it's backed by strong consumer



advertising and the Nelsons brand, it's right for sales. Isn't that something to smile about?

nelsons
HOMOEOPATHY

IT'S ONLY NATURAL

Slazenger Sport adds apd roll-on

Smithkline Beecham have extended their Slazenger Sport range with the addition of an anti-perspirant deodorant roll-on, and repackaged the products in the range.

The new roll-on (£1.09) completes the Slazenger Sport range of personal hygiene products, says the company. The shower gel, body spray and shampoo now feature redesigned packs. The shower gel has a flip-top cap for easier use. The deodorant stick has a new autoglide mechanism which automatically lifts the stick up from the base when the cap is opened.

The range is being supported by a £1.4 million national cinema campaign. **Smithkline Beecham Personal Care. Tel: 081-560 5151.**

Swan toothpick

Aristopack have launched the Swan toothpick. Presentation bags are currently available at £32 per 100 bags (plus carriage). A blister-packed version will be available later in the Summer. **Aristopack UK Ltd. Tel: 0604 671201.**

New look for Special Recipe

Ernest Jackson have relaunched their Special Recipe range of diabetic chocolate.

The packaging has been updated, incorporating the Special Recipe logo, and the six variants are now colour coded.

The Krispi bar has been brought in line with the rest of the range.

Extensions to the range planned for later this year include a white chocolate with nuts and three filled bars. **Ernest Jackson & Co Ltd. Tel: 0363 772251.**

With regular use retains hair's dark tone.

Morgan's (Estab. 1873) Pomade Co Ltd

Colewood Road Industrial Estate, Swalecliffe, Kent CT5 2RT.
Tel: 0227 79 2761/4. Telex: 96416.
Fax: 0227 79 4463.

Soft shades for Dior Summer faces

Sepia is the theme for Christian Dior's Summer cosmetics collection, a mix of soft brown and rose tones.

For cheeks there is Blush Plume, a cream-powder blusher, which contains a sun screen. It comes with a special applicator and is available in four soft shades, retailing at £15.

For lips there is lipliner pencil in Brown (£7.50), which comes with its own sharpener; lipstick in Sepia (£9.95); two new shades of Rouge Brillant lip gloss (£12), cane, a warm brown, and wicker, a rose tone.

For nails there is nail enamel in Linen (£9), a pale rose shade. **Parfums Christian Dior. Tel: 071-235 9411.**

Montagne Jeunesse on the cover

Montagne Jeunesse will carry their first ever covermount in July on *Vegetarian Living* magazine.

Given away free on the front of the July/ August magazine there will be a 3ml sample of evening primrose oil day cream.

Editorial and a questionnaire inside the magazine will promote the product and tell readers where it can be bought. **Addis Ltd. Tel: 0992 584221.**

On TV Next Week

GTV Grampian
B Border
BSB British Sky
C Central
CTV Channel Islands
LWT London Weekend
C4 Channel 4
U Ulster
G Granada
A Anglia
TSW South West
TTV Thames Television
TV-am Breakfast Television
STV Scotland (central)
Y Yorkshire
HTV Wales & West
TVS South
TT Tyne Tees

Aqua Flex toothbrush:	All areas
Aquafresh toothpaste:	All areas
Allereze:	TV-am
Andrews Antacid:	All areas except GTV
Benylin:	TV-am
Bodyform Plus:	All areas except G, C, CTV, C4
Colgate great regular flavour:	All areas
Colour Confidence:	GTV, B, Y, C, A, TVS, LWT, TT, C4
Hawaiian Tropic:	C, TVS
Hero:	All areas exept TV-am
Immac:	All areas except LWT, TVS
Lanacane Creme:	U, STV, G, C, LWT, C4
Lynx bodyspray:	All areas except TV-am
Macleans Active Mouthguard:	All areas
Macleans toothpaste:	All areas
Migraleve:	All areas
Optrex:	All areas except GTV, STV, CW & TV-am
Panadol Extra:	TV-am
Peaudouce Step by Step:	STV, BTV, C, A, HTV, TVS, LWT, TTV
Ponds Hydro Nourishing:	All areas except U
Remegel:	TV-am
Slim-Fast:	All areas
Solpadeine:	TV-am
Synergie:	All areas
Ultra Togs:	TV-am
Wrigley's Extra and Orbit:	All areas

Triple image from Prisma

Three cameras have joined the range distributed by Prisma (Europe) Ltd, all made by the German manufacturer, Braun.

The top of the Trend range is the Zoom 105, which features an "on board" microcomputer designed to eliminate camera shake and under-exposure . The computer also gauges focal length, shutter speed and flash to provide the correct camera setting.

Other features include automatic zoom flash, with a pre-flash to avoid "red eye"and an 39-105mm zoom lens which has additional macro and Super macro settings. The Braun Trend Zoom 105 retails at £189.99.

One step down from the 105 is the Micro SM, a fully automatic 35mm camera. Features include an infrared auto focus system, automatic film loading and wind-on and a built-in flash. The Trend Micro SM costs £109.99 retail.

The third camera in the range is the Trend Micro, an automatic 35mm camera with flash and LED panel. Boxed with film, batteries and a pouch it costs £79.99.

All the cameras in the range are available with an optional quartz data back for another £10 on the retail price. **Prisma (Europe) Ltd. Tel: 021-555 6898.**

Muscle power

Protein supplement Casilan 90 has been further endorsed with the publication of "Muscle Power — A body builder's guide to food and nutrition." **Crookes Healthcare. Tel: 0602 507431.**

Extra Celsuis

Celsius are offering consumers 25 per cent extra on packs of anti-perspirant spray and deodorant spray. **Celsius Intl. Tel: 071-377 5000.**

Cossack POS

Carter-Wallace are promoting their Cossack range with new POS materials, including shelf barkers and information leaflets which provide styling advice and incorporate money-off coupons. **Carter-Wallace Ltd. Tel: 0303 850661.**

Summer special

Numark have launched a Summercare Special booklet for customers. The 16-page brochure provides a reminder of the top selling Summer lines. The POR available for each line is highlighted. In addition, pharmacists are invited to enter a cartoon caption competition, with the chance to win £200 worth of Numark film. **Numark. Tel: 0827 69269.**

Wrong number

Denroy International would like to point out that the correct telephone number for Denman products is 081-974 6674, and not as stated in Counterpoints on May 30.

Fuji tree aid

Fuji are giving £10,000 worth of bursaries to British primary and secondary schools in a Green competition, which will reward the schools which come up with the best tree-planting plans. Each winning school will receive a £250 grant to spend planting saplings. **Fuji Photo Film Ltd. Tel: 071-586 5900.**

Philips on tour

Philips are taking to the road this Summer with their Street Machine Magazine roadshow rig, which will be seen at a series of custom car rallies throughout the country. Car enthusiasts will have the chance to win a Philishave Tracer, a video or a t-shirt. **Philips. Tel: 081-689 2166.**

Flower power

Kimberly-Clark are again sponsoring the South East in Bloom competition, organised by the Tidy Britain Group. Some 46 cities, towns and villages in the South East will be competing for the trophies, to be presented by gardening personality Geoffrey Smith on October 1. **Kimberly-Clark Ltd. Tel: 0622 782499.**

Stylish offer

Free copies of the Florence Roby Spring '92 Workwear brochure are available. For a copy telephone 051-548 2228.

Nylax correction

The 10 tablet pack of Nylax is a GSL medicine, the 30 tablet pack is Pharmacy only, and not as stated in the June/July issue of *Over the Counter* (p32). **Crookes Healthcare Ltd. Tel: 0602 507431.**

Rapport offer

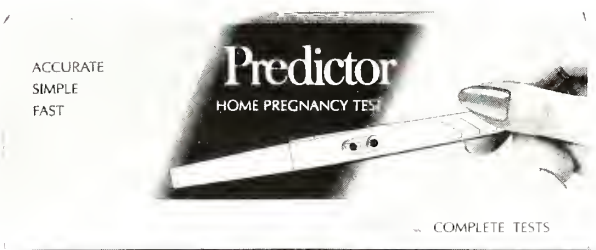
Procter and Gamble are running a promotion on Rapport aftershave, offering pharmacists the chance to win £5,000 worth of holidays. Five couples will have the chance to win a weekend for two in Paris. Representatives from the company will be calling on pharmacists with details. **Procter and Gamble. Tel: 0784 434422.**

Rand Rocket

AAH Pharmaceuticals are offering customers discounts on Rand Rocket hot water bottles throughout this month. Stock will be delivered to pharmacists in September. The offer runs until June 30. **AAH. Tel: 0928 717070.**

MORE IMPORTANT NEWS FROM PREDICTOR.

When it comes to commitment to the Chemist, Predictor really means business.
We've doubled our sales force this year to give you better service.
We're advertising week in week out to give you better sales.
And we've made new Predictor leaflets available through our Careline (0223 420956) to keep you, your staff and your customers better informed.
All of which adds up to better news all round.



PREDICTOR. THE NEWS, WHEN YOU WANT IT.

Sancella doubles Pennywise range

Sancella have introduced Night-time 10s towels and Panty liner 30s to their Pennywise sanpro range, doubling the number of sanitary products on offer.

The Night-time towels will retail at at £0.89 for a pack of ten, while the panty liners will retail at £0.85 for 30, emphasising value for money as well as quality, say Sancella.

A promotional campaign which is designed to increase awareness with the trade and with the consumer will support the launch. **Scott Ltd. Tel: 0342 327191.**

Butterfly addition for Fragrant Memories

Fragrant Memories have extended their range of fragrant accessories to include Butterflies on Lace.

The packs contain three perfumed butterflies displayed on a piece of lace, and come in three colours.

The Fragrant Village range has been extended to include an RNLI lifeboat. Donations will be made to the charity for each unit sold. Free merchandising units are available with the Fragrant Memories range. **Fragrant Memories Ltd. Tel: 0342 313206.**

Armani Homme gets skincare additions

Prestige & Collections have extended their Armani Homme collection with the addition of Face Moisturiser and Self Tanning Face Bronzer.

Armani Face Moisturiser (50ml £12.50) gives UVA and UVB protection and is said to be light and easily absorbed.

Armani Self Tanning Face Bronzer (50ml £12.50) is a light, moisturising cream said to give a natural looking tan. It also contains sun filters. **Prestige & Collections. Tel: 081-979 6699.**

Britain — a nation of sweet smellers

The British are the cleanest and sweetest smelling nation in Europe, with every man and woman spending the equivalent of over £1 a week on personal hygiene products.

Spending on these products in the UK topped £3.3 billion during 1991, according to the findings of the 1992 Arrid Extra Dry Personal Hygiene Report, while the estimated size of the toiletries and fragrances market for the seven largest EC nations was £13.5bn, compared with £7.2bn in 1985.

One in three people bath every day in the UK, while more than £200m was spent on installing showers during 1991. As a consequence, sales of shower gels rose 17 per cent during 1991. This compares with Germany and France where shower gels sales rose 50 per cent. Britain topped the league in soap use, however, with an average of seven bars per household.

On a regional perspective, soap is used regularly by a larger proportion of adults living in the south-west, Wales and Scotland, while bath additives are more popular among those living in East Anglia and the Midlands. Shower gels and body shampoos are favoured more in the south-east, states the report.

Britain's spending on soaps, anti-persirant deodorants and similar products has also increased, rising from £296m during 1985 to £475m in 1991 — approximately £8 per person per year.

About 70 per cent of adults in the UK use an anti-perspirant deodorant, leaving some ten million adults with a smelly problem, say Arrid.

Spending by men on aftershaves and deodorants has more than doubled in the past five years, although men in the south-west and Wales are the least likely to use an apd on a daily/almost daily basis.

The rise in concern over personal hygiene can he attributed to a number of factors, of which the growth in sporting activity, the increase in working women, and the rise during the 80s of disposable incomes, allowing consumers to trade up, all played a signicant role.

For the future, the youth and men's sector is expected to continue growing. Volume sales in the female sector are not expected to follow a similar pattern, although trading up is expected to continue the growth in value. Soap, shower products and the apd market is also expected to grow.

More market changes are also forecast, as the more discerning consumer wants to know what goes into their products, and acts to further preserve the environment. **Carter Wallace Ltd. Tel: 0303 850661.**

Child-proof batteries

Ever Ready have launched a public safety campaign informing consumers that all their button cell batteries are now coated with Bitrex, a bitter substance, for children's safety.

The campaign will include a poster which will be distributed to doctors' surgeries. **Ever Ready Ltd. Tel: 081-882 8661.**

Acupuncture without needles

Acuhealth A900, an electronic acupuncture device previously only available by mail order, is now available for pharmacies to sell.

Unlike traditional needle techniques, the device uses a minute electronic impulse to stimulate the acupuncture trigger points; the skin is not pierced and there is said to be no discomfort. Operator error is also said to be diminished because trigger points are located using the micro-electronic circuitry.

Acuhealth A900 comes with an instruction manual and retails at £169. It is fully guaranteed and the customer may return it within 30 days if not convinced of its effectiveness.

An introductory offer of one free unit for every five purchased is available to pharmacists, along with free personalised counter and window display material. Acuhealth A900 will be marketed and distributecd to pharmacies exclusively by **Pharmaforce Ltd. Tel: 0572 821648.**

Household cleaners shine on

The British take housework seriously it seems, with sales of household cleaners and scourers up 27 per cent to £104 million last year.

According to the Economist Intelligence Unit's latest report on household cleaning products, many consumers have switched to premium priced germ kill products. The market is now split two thirds household cleaners to one third cream scourers, while in 1980 it was split three ways between household cleaners, cream scourers and scouring powders.

Traditional cream cleaners have lost popularity due to changes in bathing habits, with more consumers taking showers. There has also been considerable innovation in the market, with liquid products which are easier to rinse off.

Descalers are a fast grow sector of the market, with sales doubling last year to £6m. Sales of oven cleaners have picked up in the last couple of years due to the launch of products that clean a cold oven, thus reducing caustic fumes. Sales reached £8m last year.

Some 98 per cent of households buy at least one type of cleaning product every year, and 50 per cent of consumers use a household cleaner every day, says the report. **The Economist Intelligence Unit, Retail Business report. Tel: 071-493 6711.**

Oris add two to Natural Sea Products

Oris Beauty Products have added Aloe Vera Gel and Eye Gel to their Natural Sea Beauty range.

Natural Sea Beauty Eye Gel moisturises the delicate eye tissue (30ml £5.95). Aloe Vera Gel (100ml £4.95) is said to moisturise and act as a cooling agent for alleviating sunburn, insect bites and minor irritations. It can be used on face and body. **(Distributors) Perfumery Agencies. Tel: 081-646 0344.**

Fuji film offer

Fuji are offering a "try before you buy" offer on three of their cameras, as well as offering a free film. Cameras available for trial are the DL-500 Mini Wide, the DL-900 and the FZ-2000. **Fuji Photo Film Ltd. Tel: 071-586 5900.**

Fabergé flair

Elida Gibbs are trying to raise awareness of their fragrance house Fabergé with a series of consumer initiatives. The first of these is the Fabergé Fashion Award, where budding fashion designers are invited to sketch an outfit which captures the essence of Fabergé. The prize is a weekend in Paris and the chance to see the '93 collection of a Paris fashion designer. **Elida Gibbs. Tel: 071-486 1200.**

No.2 champion

Bayer Diagnostics have launched the second publication in their educational cartoon series aimed at newly-diagnosed teenagers with insulin dependent diabetes. Copies to distribute from the pharmacy are available direct from **Bayer Diagnostics. Tel: 0256 29181.**

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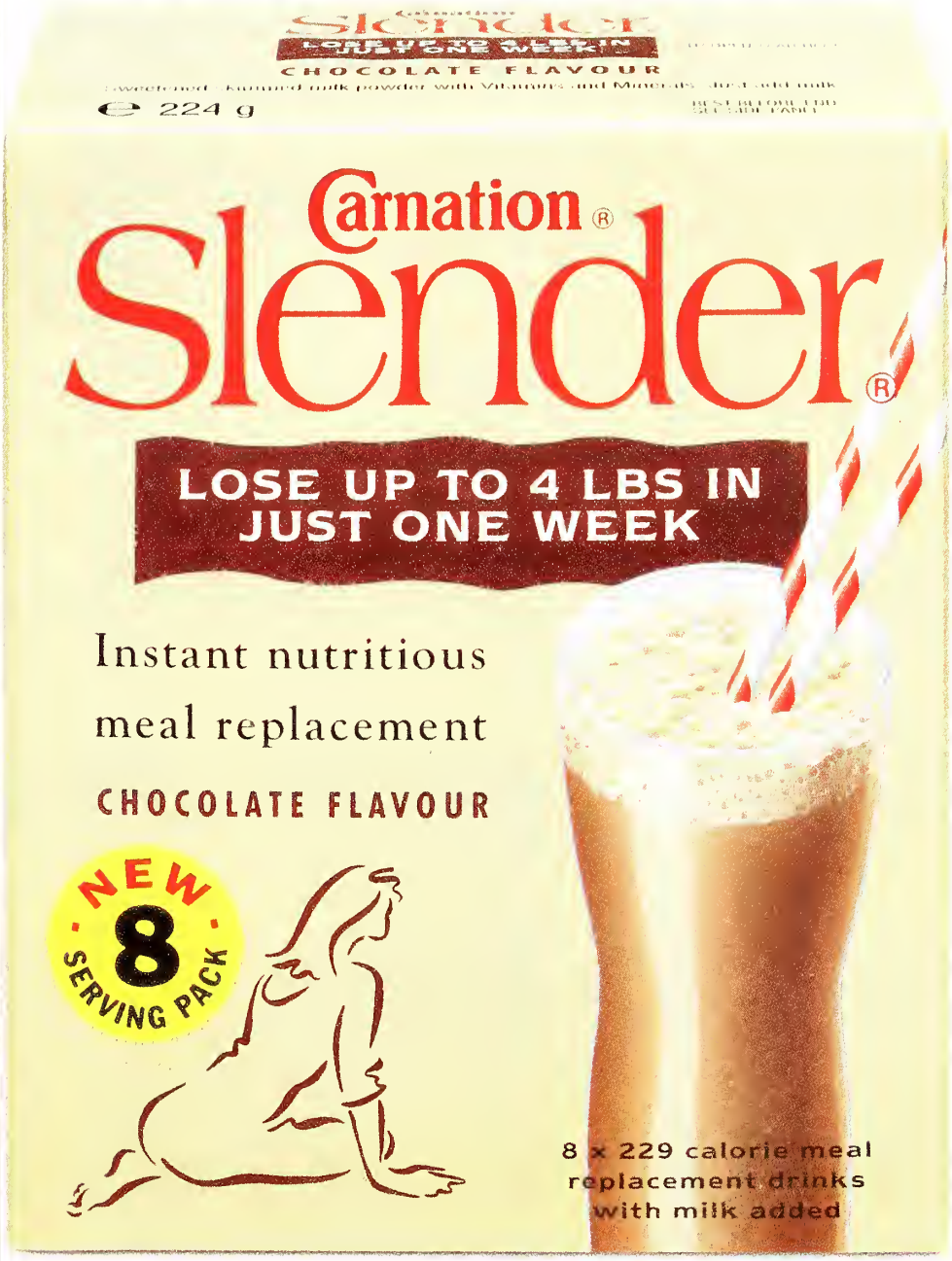
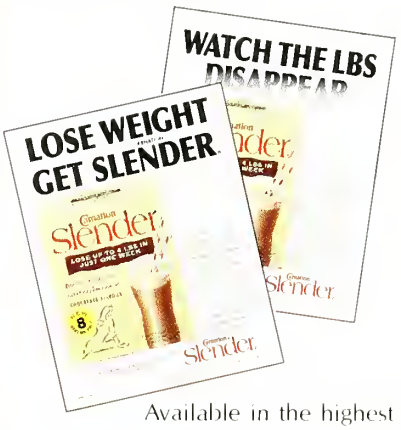


A weighty colour press campaign breaks in June featuring the new 'Slender' 8-serving pack.



Available in the highest volume flavours, chocolate and strawberry, each pack comes complete with its own measuring scoop.

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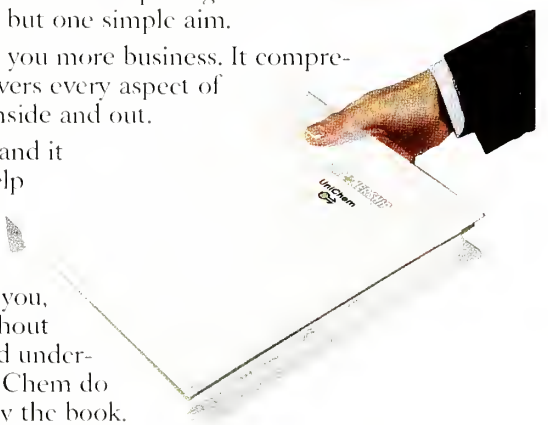

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What's in infant formulas

Victoria Pennington, nutritionist, Crookes Healthcare, gives a guide to their nutritional composition

EEC legislation which will be enacted in 1993 will recognise pharmacists as healthcare professionals. As such, the pharmacist's role will expand to include advising on infant feeding, and it will be their responsibility to help ensure that mothers make well-informed choices as to how they feed their babies.

There is no doubt that breast milk provides the best source of nutrition for normal healthy infants. Breast milk provides complete nutrition during the early months of life and has the added benefit of immunological properties, which protect the child against infection through to later life. Breastfeeding is hygienic, convenient and costs nothing.

Despite this, the majority of babies in the UK today are bottle fed — in fact at four months three-quarters of babies are fully bottle fed (DOH, 1988). For these babies the only safe and suitable alternative is infant formula.

Most infant formulas are based on cows' milk which is modified accordingly. They are available in powder and liquid ready-to-feed forms and can be divided simply into two basic types: whey-based and casein-based (commonly stage 1 and stage 2 milks) according to their protein composition.

Why whey-based formula?

Whey-based formulas are formulated to be nutritionally as close to breast milk as technology will allow.

The protein is adjusted to provide a casein to whey ratio of 40:60 which is similar to that of breast milk. And like breast milk, lactose is the sole source of carbohydrate. Fat sources vary,

with Farley's Ostermilk and SMA Gold having an all vegetable oil blend while the others contain a mixture of milk fat and vegetable oils. Whey-based formulas have similar levels of energy, protein, fat and carbohydrate to breast milk.

These formulas are suitable from birth and are particularly suitable for infants changing from breast to bottle feeding. Like breast milk they should be fed on demand.

Whey-based formulas

- Farley's Ostermilk
- Cow & Gate Nutrilon Premium
- SMA Gold
- Milupa Aptamil
- Young Nutrition First

Casein-based formulas

- Farley's Ostermilk Two
- Cow & Gate Nutrilon Plus
- SMA White
- Milupa Milumil

Why casein-based formula?

Casein-based formulas have been developed for hungrier bottle fed babies. In the first six to ten weeks of life 54 per cent of bottle feeding mothers change from a whey to a casein-based formula because mothers perceive that their baby is still hungry.

This change could help delay the premature introduction of solids. The early use of solid foods should be avoided because, before the age of three to four months a baby's gut is more vulnerable to infection and allergy, and energy dense food may facilitate obesity in later life.

The protein in casein-based milks remains identical to cows' milk, which is 80 per cent casein and 20 per cent whey. Casein-based milks have a slightly higher protein content than whey-based milks and breast milk.

The main difference between the infant formula brands is the carbohydrate composition. In Cow & Gate Nutrilon Plus and SMA White it is all lactose as in breast milk. Farley's Ostermilk Two contains 67 per cent maltodextrin and 33 per cent lactose. Milumil contains a little maltodextrin and amylose (starch) as well as lactose.

Maltodextrin is digested and absorbed more slowly than lactose, sustaining the blood sugar level for longer and thus helping the baby to remain satisfied for longer.

Infant formula or breast milk will be the sole source of nutrition before the age of three to four months after which solid foods can be introduced. By the age of six months the infant will almost certainly be on a mixed diet although milk will continue to play an important role.

Nutrition for babies from six months

by Dr Margaret Lawson, senior lecturer in paediatric nutrition, Institute of Child Health

Although the growth rate of infants slows during the second six months of life an infant still increases its weight by 25 per cent during this period, so nutrient requirements remain high.

Generally breast milk or a suitable infant formula will provide an adequate intake of all nutrients up to the age of six months. There is no nutritional need for supplements of vitamins and minerals, or additional juice or water.

After the age of six months a milk diet alone fails to supply sufficient energy. It is customary to introduce solid foods before this time, but preferably after four months.

Weaning foods, although higher in energy, may have a lower concentration of other nutrients than milk and it is important that a good intake of a suitable milk is maintained until a substantial quantity of a mixed diet is eaten.

The current Department of Health recommendations (1988) suggest that unmodified cows' milk can be used as a main drink after six months. But with the emergence of new evidence about the prevalence and possible long-term implications of iron deficiency in early childhood, opinions have changed. In 1991 the European Society for Paediatric Gastroenterology recommended that a modified infant formula be used until the end of the first year.

It is difficult for an infant to obtain sufficient iron from cows' milk during the early stages of weaning. Modified milks contain a full range of vitamins, minerals and trace elements, so additional supplements are not necessary.

For breast-fed babies, and for those fed on cows' milk, a supplement of vitamins A, D and C is necessary after six months. The epidemic of vitamin D deficient rickets in Asian toddlers revealed how important an adequate vitamin intake is at this stage.

In practical terms it makes little difference if babies are fed on a whey-based, a casein-based or a follow-on milk at this age. However, parents have a natural wish to see their babies move on to the next stage and there is a belief that an infant milk does not satisfy the older baby. If the mother feels this way, then a follow-on milk is a much better option than unmodified cows milk.

Starting weaning

There is some confusion over what are the most appropriate foods for starting weaning. In the early stages the main function of foods is educational and it is important that a variety of different tastes are experienced. After the age of six months food makes an increasing impact on nutrition; it is during this period that feeding problems and possibly nutrient deficiencies can arise. Most babies will take sweet foods in preference to savoury ones and these usually have a lower nutrient density. It may be necessary for parents to withold desserts until savoury foods are well accepted in the diet.

Iron deficiency is the commonest nutritional deficiency disorder seen in western countries. There are a number of reasons for its frequency, including the use of unmodified cows' milk before the age of one year, a move away from the consumption of red meats and offal, and delayed weaning in some ethnic groups. Iron deficiency can cause a number of problems before it manifests as anaemia, and measures need to be taken to reduce its frequency. The two most important measures are the continuation of an iron supplemented milk, such as a follow-on milk until the age of one year (or longer if a mixed diet is not taken by then), and the adoption of good weaning practices.

The nutritional requirements of healthy full-term infants are significantly different from those of pre-term or low birth-weight infants. As clinical research has revealed nutrition, especially during the early weeks, can be critical.

Feeding the pre-term or low birth-weight infant

Adelaide Sharples, product manager, Farley's Ostermilks, outlines some recent research

Research in pre-term nutrition has resulted in some important findings over recent years and, partly as a result of improved nutritional knowledge, survival rates in pre-term infants have increased enormously. Pre-term or low birth-weight infants are especially sensitive to early nutrition, and clinical research has shown that the effects of diet in the early weeks of life can effect later development.

The largest long-term clinical trial involving premature and low birth-weight infants is being carried out by the Dunn Nutrition Unit in Cambridge and is supported by Farley's on an ongoing basis. The trial is the first major study to examine the long term effects of early nutrition on premature infants and will follow the children through to adulthood.

The trial has revealed distinct developmental differences at different stages in the children's lives which have occurred directly as a result of early nutrition.

Infants fed with pre-term formula, as opposed to banked breast milk, during the early weeks of life, showed significantly higher weight gain during the first few weeks and their stay in hospital was also reduced. At nine months of age, infants fed on pre-term formula achieved a higher overall developmental score.

A later paper compared developmental skills of infants fed on pre-term formula with those fed on standard term formula at 18 months of age. Again infants fed on pre-term formula scored higher in developmental tests in terms of mental, motor and social skills. The paper, published in *The Lancet*, June 1990 stated: ''18 months post-term, blind evaluation of 377 survivors showed that those previously fed pre-term, rather than term formula, had major developmental advantages...''

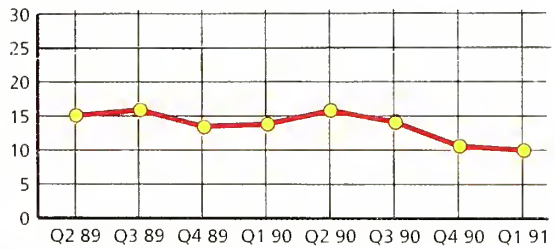
It can be concluded that the use of specialised pre-term formula during the early weeks of life has longer-term benefits, resulting in superior development, not only during the early stages, but through to later years.

The research carried out by the Dunn Unit is useful in establishing, not only the best possible diet for pre-term and low birth-weight infants, but also for new products and formulations for healthy full-term infants.

Is breast brighter?

A recent report from the same unit — ''Breast milk and subsequent intelligence

COWS' MILK – MOTHERS WHO GAVE INFORMATION 0–12 MONTHS



Source: RSGB Baby Panel

quotient in children born pre-term'' — was published in *The Lancet* last February. The paper reported on data on intelligence quotient in 300 children from the Dunn Unit trial seen at 7½-8 years. It stated:

''Children who had consumed mother's milk in the early weeks of life had a significantly higher IQ at 7½-8 years than did those who received no maternal milk... even after adjustment for differences between groups in mother's education and social class.''

Therefore the inclusion of maternal milk in the diet of this sensitive group could confer substantial advantage for cognitive development.

IQ research...

The publication of the report generated nationwide interest and its findings will almost certainly have an impact on future research among both pre-term and healthy full-term infants. It should be stressed, however, that there is currently no conclusive evidence to support the theory that breast feeding results in a higher IQ than bottle feeding in healthy full-term infants.

Bottle feeding mothers should not be alarmed that they might be condemning their child to a lower intelligence quotient.

Since that report, two further research studies investigating the correlation between infant feeding and IQ have been published.

In March, the Royal Women's Hospital in Melbourne, Australia, confirmed the benefits of breastfeeding on IQ, but concluded that this was due to the act of suckling which is important for development.

In a later study conducted at Wayne State University in Detroit, USA, the researchers assessed the IQs of 323 four-year-olds and their mothers. The findings confirmed an IQ advantage of those children who were breast-fed as infants, but said that once maternal IQ and parenting skills were controlled statistically, the act of breastfeeding itself was found to have no effect on childhood IQ.

The impact of early nutrition on later development will continue to be researched and no doubt debated, but how does the babyfeeding market measure up?

Measuring up the market

An overview by David Reilly, product manager, Farley's Junior Milk

With the sixties baby boomers now grown up and having families of their own, the birth rate is on the increase. It is predicted that in 1992 830,000 babies will be born (OPCS estimate) and the baby boom looks set to continue with an annual rise of some 4 per cent up until 1995.

Inevitably, this has had an impact on sales of babyfeeding products, which grew by 15 per cent in value in 1991, significantly ahead of inflation. Within this market, the biggest growth has been witnessed in sales of babymilks with annual growth of over 20 per cent (including infant formula, soya milk and follow-on milk).

As women elect to return to work earlier and adopt a lifestyle which demands greater convenience and flexibility, the bottle becomes an increasingly attractive alternative to breast feeding. An additional spur to market growth has been new medical recommendations against the use of cows' milk before the age of one year, which has had a positive effect on sales of both infant formula and follow-on milk.

Today 75 per cent of all mothers will bottle feed at some stage during their baby's infancy, and some 30 per cent of mothers will start bottle feeding while still in hospital. With brand loyalty in this market extremely strong, usage in hospitals is a key indicator to future sales in the community.

Once home from hospital, mothers looking to purchase infant formula will frequently turn first to their local pharmacist, who is able to offer personal advice to the often confused new mother.

It is important that pharmacists stock the brands used in hospitals in order to attract first-time mothers who are more likely to be long time users of the babycare fixture. In addition a mother who does not find her brand on the shelf is likely to go elsewhere, not only for her infant formula but for all her other baby requirements too, so it could result in not only a lost sale but a lost customer. Stocking babymilks can have a knock-on effect on other babycare products.

Total infant formulas grew by almost 17 per cent* (value) to March 1992. Farley's grew by 52 per cent to reach a share of 13.8 per cent, while Wyeth takes 38.5 per cent, Cow & Gate 38.6 per cent and Milupa 9.1 per cent.

The traditional powdered format remains the overwhelming popular choice. Penetration of ready-to-feed milks is still extremely low, and in 1991 there was an overlal decline in sales due to their relatively high cost, indicating that this is one area where mothers are not prepared to pay premium prices.

Within the total babymilks market, follow-on milks — prompted by mothers' desire to see their babies develop — are the fastest growing sector with year on year growth of 41 per cent. Follow-on milks now account for 6 per cent volume of the total babymilks market (FSA November/December) with market value approaching £4 million. The two major players are Wyeth's Progress and Farley's Junior Milk.

Scope for growth

There is tremendous potential for expansion within the follow-on milks market and, if the UK follows European trends, it could achieve some 25 per cent of the total babymilks market. If follow-on milks are made available on tokens next year, which looks increasingly likely, the market through pharmacies will almost certainly expand dramatically.

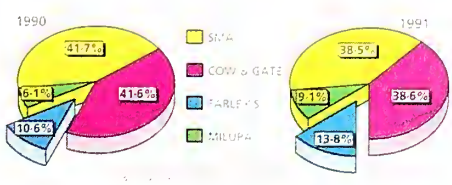
Growth will also partly depend on mothers' knowledge and understanding of follow-on milks. Recent research has shown us there still exists confusion among mothers about the role of follow-on milks and so, in this area too, pharmacists have an important role to play in advising.

For pharmacists who have limited space, 900g tins of infant formula generally have a higher rate of sale than their smaller counterparts, while the latter is true for follow-on milks. With the market for follow-on milks still in development a high proportion of first-time buyers will look initially for the smaller 450g tin.

Pharmacists will continue to be the mainstay of the babycare business as they offer an invaluable service to mothers who will continue to seek advice on babycare products and particularly on babymilks.

* Nielsen, internal estimates, December 1991.

MANUFACTURER'S RETAIL VALUE SHARES OF THE INFANT FORMULA MARKET YEAR ENDING DECEMBER 1991



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Baby milks, in particular, are experiencing a tremendous sales boom of their own. Already worth £111 million, the baby milks sector is growing faster than any other in the baby-feeding market.

With sales of Farley's Baby Milks growing by more than 50% each year, Farley's are now the fastest growing manufacturer in the baby feeding market today.

But, not content to rest on our laurels, we're supporting Farley's Baby Milks, Farley's Ostermilks and Farley's Junior Milk with a massive £4 million advertising and promotional campaign.

This includes an extensive educational programme for parents, as well as national TV advertising for Farley's Junior Milk.

In fact, with support like this, Farley's share looks set to grow even more this year.

For more information write to: Farley's Ostermilks, P.O. Box 12, West PDO, Nottingham, NG7 2GB.

CROOKES Healthcare

SO FARLEY'S SO GOOD

Breastmilk is best for babies. Infant formula is intended to replace breastmilk when a baby is not breastfed. It should always be prepared according to the feeding guide and mixing instructions on the tin. Farley's Junior Milk is not a substitute for breastmilk or infant formula.

Marshall Davies: taking a long term view for Boots

A spritely 53 year old, Mr Davies is the latest of a long line of senior Boots managers to be elected to the Royal Pharmaceutical Society's Council. The prospects for community pharmacy are better than they have been for many years, he believes, but as ever, the customer will be the final arbiter of the service that is provided

The much praised Joint Working Party report on the Future of Community Pharmacy gets the thumbs down from the pharmacy superintendent of the country's largest High Street pharmacy chain. Boots' Marshall Davies describes it as disappointing.

"It did not take the opportunity of examining the prospect of how pharmacy could play its part in the NHS of the future. What it appears to have done is accept the *status quo* and put forward some ideas and a list of services which could be adopted. It did not grasp the issues, it concentrated on the micro and did not look at the macro," he says.

A more radical report

Mr Davies would like to have seen a far more radical report. "Pharmacy should be recognised for the services that it offers: to list a number of things does not produce the result," he says. He clearly feels that such documents, even though they provide a concensus of opinion, achieve little in practice.

"Very little that was mentioned in the community sphere in the Nuffield Report has ever happened. Reports are produced, there is a great debate, but it does not produce the changes that are needed for pharmacy in the future. The Working Party report needed to address the requirements of patients in the future, the shape of the NHS and how pharmacy fits into that — a broader view. It has emerged as a tactical document rather than a strategic one," he says.

A position of influence

As the man responsible for the professional services provided by some 1,050 pharmacies Mr Davies is arguably in a position to have a far more immediate and direct impact on community pharmacy than the profession's ruling body. Whereas the Royal Pharmaceutical Society can only point pharmacists in what it considers to be the right direction, Mr Davies, with the backing of the Boots the Chemists board, has more autocratic powers. He can, and his predecessors have, instigated policies in recent times which will have far reaching effects.

Boots' activities in the residential homes field, the widespread use of monitored dosage systems and the promotion of collection and delivery services have been headline news on a regular basis over the past couple of years. Services to patients have improved under the stimulus of competition — a desirable outcome — but the way in which the company has gone about achieving its aims, and the feeling that commercial muscle is being used to professional advantage, has done little to endear it to many contractors. Many local pharmaceutical committee members feel they are being railroaded down the Boots line in response the the company's newly competitive approach.

Very little that was mentioned in the Nuffield Report has ever happened. Reports are produced, there is a great debate, but it does not produce the changes...

"Sour grapes" is the unspoken response from senior management to much of the criticism that has come Boots' way. Mr Davies puts it somewhat differently, saying the company is coming from a totally different direction, that of patient need. It is certainly a call which fits in with the "sink or swim" attitude the Government's health reforms have foisted on the health professions.

Any suggestion that the company has come close to clashing with the Society over its interpretation of the Code of Ethics brings an angry response and swift rebuttal. "Everything we have done has been discussed with the Society. Everything we are doing complies with the Code of Ethics. I would refute any suggestion the company has acted in any other way," he says.

A strategic view

Part of Mr Davies' remit is to look to the future, a long term strategic view of how the company should organise itself. "This means not only looking at pharmacy in terms of the NHS, but the total pharmacy service that will develop. The reality is that we have an ageing population that gives pharmacists better prospects than they have had for many years. There will be an increasing interest in health and demands on its provision," he says.

Mr Davies has a vision of Boots providing a cradle—to—grave pharmaceutical service. "Our success as a business is based on satisfying the professional requirements of patients. The moves into residential homes and sheltered housing have to be seen in

Continued on p1044

Continued from p1043

that context. It is only one of the things Boots can provide. It starts with health education and diagnostic testing, through to services such as dispensing. Boots is about providing a total healthcare package.''

While some of the building blocks are in place there are more to come. But future developments are not open for discussion.

Mr Davies sidesteps questions about closed door pharmacies and rumours that Boots are interested in hospital supply contracts, particularly for private hospitals.

Nor is he prepared to comment on a number of recent contract applications near new GP surgeries or health centres which have been highlighted by the National Pharmaceutical Association. ''We are looking at customer requirements not only for today, but also in the future, but I am not prepared to discuss what we are looking at,'' he says.

Remuneration is key to how successful pharmacy will be in the future. The NHS is looking for developments in terms of a better and wider range of services, says Mr Davies. It is also looking for value for money and pharmacy has to recognise that. The structure of remuneration should reflect that value for money and if the Government wants pharmacy to do new and different things there needs to be incentives, he believes.

Disincentive to improve

''I am critical of the current system of remuneration. It does not encourage improvements in the quality of services. There is a disincentive: services are remunerated on a decreasing fee as the number of scripts increases,'' he says. He advocates a shift to a flat fee which he believes would encourage improvements in the quality of service. This has been a company objective for some time.

As a member of the Pharmaceutical Services Negotiating Committee since 1985 Mr Davies is well versed in the arguments for a flat fee, even though he gets little support for the idea from other members of the Committee.

The idea of the professional allowance, offered to the PSNC by the Department of Health in this year's remuneration package, does not appeal either. Pharmacists should be giving a professional service already.

From a personal point of view he also questions the logic behind control of entry. The recent NHS contract has had an effect which was not envisaged. Boots believe in competition and as such cannot support control of entry as it is an artificial constraint, he says.

- This interview took place before the report from the NAO was released and before Mr Davies was elected to Council.

Upward and mobile

Marshall Davies is the pharmacy superintendent of the country's largest pharmacy multiple, Boots the Chemists. He is also one of two new faces elected to the Council of the Royal Pharmceutical Society. As such he should be in a position to exert considerable influence on the way community pharmacy is practised in the UK.

Like his recent predecessors at Boots he does not have a high profile within the profession at large. Outside the company where he has spent all his working life he is a largely unknown, although he has served on various LPCs, and both the Pharmaceutical General Council and PSNC. He also had a two year stint on the Prescription Pricing Authority. His appointment last Summer as head of pharmacy services and pharmacy superintendent in the wake of Colin Baldwin (the man behind many of Boots' controversial innovations in the last three years) was decidedly low key.

Mr Davies' upward and highly mobile career with Boots started in 1956 when he was apprenticed in Gorseinon, then a mining and steel town between Swansea and Llanelli. His PhC came from the Welsh School of Pharmacy in Cardiff. He registered in 1961 and went back to work for Boots.

He spent a couple of years working in South East London before getting his first management position in Swansea in 1963. Two years later he moved to Nottingham as assistant manager of the shop in Pelham Street (since relocated into the Victoria Centre shopping complex). He then moved to Birkenhead for two and a half years before returning to Nottingham in 1971 to work at head office in the inventory management department.

In 1975 he returned to retail operations, managing shops on a temporary basis up and down the country. It was then back to Nottinghamshire for a spell as manager of the branch in the Four Season Centre in Mansfield before moving into an assistant territory manager's position in the Midlands. In 1978 he was appointed territory manager for West Yorkshire, moving up to Glasgow the same year before returning to Nottingham in 1981 as Eastern area director.

He became director of operations 18 months later, a post he held until Boots' major reorganisation in 1986. He emerged from the reshuffle as the general manager responsible for the key healthcare business, and was there until 1991.

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The dark side of drink

To many people, drink is woven into everyday life and is an important part of socialising. But exactly what are its harmful effects — and who is at risk? Jacqui Brommell investigates

As a nation we spend around £43m a day on alcohol — more than on hospitals, schools or clothes. Alcohol Concern put alcohol as the second biggest killer after cigarettes, with alcohol-related deaths estimated at around 28,000 a year. Meanwhile, estimates for the annual health and social costs of alcohol vary from £2billion to £10billion.

Precise facts and figures relating to alcohol consumption and its adverse effects remain intangible. Even the definition of alcohol problems is a source of controversy.

And although most people have some awareness that alcohol can damage health, most remain ignorant about exactly how and why it is damaging.

Drinking in England and Wales is at around the same level as ten years ago. On average the population over 16 admit to drinking an average 9.5 units a week, with men consuming an average 14.9 units a week, and women 4.8 units. (OPCS Survey 1988). By international standards, the UK's alcohol consumption is not high, we are 22nd in a league table of consumption per head, with France at the top.

However, statistics like these paint a misleading picture — to put alcohol consumption in perspective, 24 per cent of men and 9 per cent of women drink above medically sensible limits. While the peak drinking group, men aged 18-24, reduced their drinking from an average 26 units weekly to 21 over the last decade, there is evidence that women's consumption has remained steady with young women's rising from 4.6 to 6 units.

The problem of alcohol can be seen in either an optimistic or pessimistic way, depending on whether the glass is seen as half empty or half full.

Excessive drinking causes enormous damage to health and social well-being. And while most of the population drink within moderate limits, it is a mistake to believe that only the heavily dependent drinker is at risk. Problems occur before a person becomes addicted. Estimates of alcohol-related deaths vary from 5,000 to 40,000 a year but are under-reported — death certificates rarely mention

Continued on p1050

Continued from p1049

alcohol as a cause of death, despite its known associations with disease. And alcohol misuse is estimated to be associated with 20 per cent of general psychiatric admissions, 66 per cent of suicide attempts, 40 per cent of domestic violence and 88 per cent of criminal damage, to name but a few.

Women and drink

Over twice as many men as women drink riskily, and women are still a long way behind men in terms of alcohol damage statistics, drinking an average five units a week. Yet 10 per cent of women are drinking above safe limits, and some studies show consumption among younger women rose from 4.5 to 6 units over the last decade. Alcoholics Anonymous say one in three members are women, compared with one in five in 1972. And statistics suggest the rate of liver cirrhosis among women increased by 40 per cent from 1979 to 1989.

Women are more sensitive to alcohol than men. A dose of alcohol produces a 25-30 per cent higher concentration in a woman's blood woman than in a man's, after allowing for the smaller body weight. The main reason is thought to be the higher body fat: water ratio ratio as women have a smaller body water compartment.

A woman's sensitivity to alcohol is said to be dependent on the menstrual cycle, with increased sensitivity several days before a period and during ovulation.

Harmful effects

Although most people are aware of alcohol's harmful effects, most are unaware what levels are harmful. One of the problems is that everyone reacts differently to alcohol, depending on body weight, size, frame and sex. Those particularly vulnerable include the young, who have less tolerance and often don't know their own limits; the elderly, who have decreased tolerance; and women. Also many drugs interact with alcohol (see table).

General effects

Alcohol's damage to health can be divided into cumulative harm from long-term consumption, and social damage.

Although the exact mechanisms of action of alcohol remain controversial, effects are dependent on dosage and the rate of rise of blood concentration. Many people who are harming themselves with alcohol may show no physical, social or emotional side effects in the early stages.

Excessive drinking can damage nearly every organ and system of the body and lead to premature death. Physical damage may occur in those drinking moderately but regularly, but alcohol-related physical damage will not inevitably follow even heavy drinking. An individual's susceptibility is probably related to genetic, constitutional and environmental factors, some as yet unknown.

While continuous consumption over 10 units a day was thought to be required for damage, it has recently become more likely that damage can occur in those drinking at a more moderate level.

CNS Since alcohol is a CNS depressant, consumed for its effect on the nervous system, it is not suprising that the brain is most affected.

The effects of alcohol on the nervous system can be divided into acute intoxication, withdrawal symptoms, and long-term damage. Alcohol can cause both psychiatric and neurological disease; prolonged abuse can result in diseases of the brain or be related to malnutrition.

The first consistent changes in mood and behaviour occur at around 50mg per cent alcohol in the blood; most people will feel carefree and lose their ordinary anxieties and inhibitions. As the blood alcohol rises, more functions of the brain are affected, with slurred speech occuring around 150mg per cent and loss of memory at 200mg per cent. Coma may occur at 400mg per cent, while the fatal concentration is around 500mg - 800mg per cent.

Withdrawal symptoms can be mild — shakiness sleeplessness and night sweats — or severe, tremors, hallucinations, seizures. Heavy drinkers have poor concentration, defective memory and blackouts, with a long term effect on mental ablity.

Efects on circulatory disease and cancer are particularly important as these are such big killers.

Cancer Epedimiological studies indicate cancers of the oral cavity, pharynx, oesophagus and liver are causally related to alcohol consumption. In 1988 the International Agency for Research on Cancer concluded from 1,500 published papers that "Alcoholic beverages are carcinogenic to humans"

Breast cancer Research linking alcohol to breast cancer is still at an early stage and a conclusive link has yet to be found. One large American study linked breast cancer to moderate drinking; at two units a day the risk was increased by one and a half times.

Heart and circulatory system Alcohol causes hypertension; strokes are also more common in heavy drinkers.

Alcohol also causes irregularities in heart rhythm, and a reduced strength of the heart beat, while chronic heart muscle damage can lead to heart failure.

Alcohol has not been proven to be a risk factor for coronary heart disease — in fact there is controversy over whether moderate intake can protect against heart attacks by increasing HDL. Recent research has suggested a preventative role between moderate alcohol intake and coronary heart disease; with moderate intake giving less cardiovascular deaths than in those taking no or excess alcohol. However total abstainers may be a special group at higher risk for other reasons — they may not drink for health reasons, or be ex-alcohol misusers, for example. So at present there is no evidence to link alcohol with an actual reduction in heart disease, and the message should remain that alcohol is bad for health

Liver Around half of heavy drinkers have some liver damage and fatty changes in the liver are particularly common. Cirrhosis occurs in 10-30 per cent of cases, while liver cancer develops as a late complication of cirrhosis in around 10 per cent of patients. Early liver lesions will heal if drinking stops, and those with cirrosis will live longer if they abstain. Alcoholic hepatitis develops in some heavy drinkers.

Gastrointestinal symptoms Effects on the oesophagus include rupture and tearing, acid reflux and cancer. Pancreatitis may lead to diabetes and malabsorption of food, while acute gastritis can cause nausea and retching. Alcohol may also irritate and impair the healing of peptic ulcers. Diarrhoea may also occur.

Malnutrition is commonly associated with alcohol abuse. It can be caused by inadequate food intake, the toxic effect of alcohol on the intestine, or impaired metabolism. Malnutrition itself causes damage to the liver and nervous system too.

Reproductive function Although alcohol is often thought to be an aphrodisiac, prolonged misuse in men is associated with loss of libido, impotency, infertility. It has now been shown that 4-6 units of alcohol a day is associated with reduced sperm counts in men. Women may experience sexual difficulties, menstrual irregularities, while shrinkage of sexual organs can occur in

Warning signs...

- Making drink a top priority
- Needing to have alcohol at hand
- Having to increase the amount of alcohol to have the same effect
- Accidents and injuries
- Reaction of others
- Feeling angry when people discuss drinking

And tips to cut down

- Drink slowly, sip your drink, dont gulp
- Space out alcoholic drinks with soft or low-alcohol drinks
- Avoid drinking on an empty stomach — eating before or while drinking slows the absorption of alcohol
- Buying in rounds may encourage over-drinking
- Keep a drink diary
- Have several drink-free days in the week
- Go to pub later

One too many?

While it is impossible to say how much alcohol can be consumed without adverse effects on health, various professional organisations such as the Health Education Authority have fixed "sensible" limits. These translate alcohol into units: one unit contains 7.9g alcohol which is a half pint of beer, a quarter pint of strong lager, a single measure of spirits, or a glass of wine.

Recommended limits are 14 units a week for women and 21 units a week for men, ideally spread throughout the week with two or three drink-free days. Damage to health is likely if a woman drinks over 22 units a week, or a man, over 35. And amounts over 35 and 50 respectively are considered definitely harmful.

Some classifications categorise drinkers into social drinkers, heavy drinkers, problem drinkers and dependent drinkers, though these definitions are arbitrary and one may merge into another. It is easy to get caught in a viscious spiral.

The liver can only metabolise one unit of alcohol an hour. As a rough estimate, one unit of alcohol drunk on an empty stomach will result in a peak alcohol concentration of approximately 15mg per cent.

The effects of alcohol occur after around 20 minutes, with the rate of absorption influenced by a number of factors. The higher the concentration (up to a maximum of 40 per cent vol) the more rapid the absorption. Sugars in sweet drinks can retard absorption, while carbonated drinks accelerate absorption. Food delays absorption mainly by slowing the stomach's emptying — taking a meal before a drink may reduce the peak alcohol level by almost 50 per cent.

both sexes.
Pregnancy Fetal alcohol syndrome, characterised by growth deficiencies, CNS defects, lowered IQ and facial malformations are associated with consistent drinking of over 35 units a week during pregnacy. More moderate levels of around 10 units a week can increase the risk of miscarriage or the birth of an underweight baby. One unit, once or twice a week is said to be a low risk, although in the USA pregnant women are not recommmended to drink at all. Alcohol is passed into breast milk so again this is not recommended.

The pharmacists role

The Community Care Act means that more alcohol-dependent people are being treated in the community, possibly widening the role of the pharmacist in counselling, for example. And pharmacists are also poised to spot those with a drink problem. The following are possible warning signs:

- Frequency of accidents such as falls, loss of memory, shakiness and trembling, incontinence — often signs of old age — may instead signal a drinking problem
- Withdrawal symptoms — shakes, night sweats, nightmares
- GI symptoms — vomiting, diarrhoea, anorexia, abdominal pain, morning nausea
- Mood swings in a regular customer
- More obvious signs include the smell of alcohol and violent loud behaviour
- Identifaction of alcohol-related problems can be helped by looking at other issues. For example, frequent misusers often abuse other drugs such as hypnotics and benzodiazepines; heavy smokers have a higher incidence of alcohol abuse

Interactions with alcohol

- Disulfiram-like reaction with some antibacterials (cephamandole, metronidazole, nimorazole, tinidazole); cytotoxics (procarbazine); monosulfiram
- Enhanced sedative effect with antihistamines, antipsychotics, anxiolytics, hypnotics, nabilone, tricyclic antidepressants, muscle relaxants (baclofen), antihypertensives indoramin)
- Enhanced hypotensive effect with antihypertensives, beta blockers, nitrates
- Enhanced hypoglycaemic effect with antidiabetics
- Enhanced anticoagulant effect with warfarin and nicoumalone
- Tyramine in alcohol or non-alcoholic drinks may inetract with MAOIs
- Chlorpropamide: flushing
- Metformin: increased risk of lactic caidoisi
- Dopaminergics: reduced tolerance to bromocriptine

Dependent drinkers

Most people enjoy a drink. But when does drinking for fun become an unpleasant habit? Alcohol dependency is a vague term and definitions tend to be complex; one of the problems has been that there are too many conflicting definitions.

The word alcoholic tends to conjure up a stereotyped image of a "wino" and is no longer used by most health professionals. In 1977 the World Health Organisation redefined the term "alcoholism" as alcohol dependence syndrome. The criteria for diagnosis involve changed behavioural state, an altered subjective state, and an altered psychobiological state, with experience of the signs and symptoms of withdrawal, drinking for relief of withdrawal and increased tolerance. However this syndrome exists in degrees, and the definition allows scope for different graduations of dependence.

Alcohol dependence may involve both mental and physical dependence and is often said to include the following elements:

- Narrowing of repertoire. The dependent drinker begins to drink the same whatever the day or situation, for example
- Giving top priority to maintaining alcohol intake, at the expense of other interests
- Increased tolerance to alcohol
- Repeated withdrawal symptoms
- Relief or avoidance of withdrawal symptoms by further drinking
- Cravings and loss of control
- Relapse after abstinence

In a nutshell, a dependent drinker can be described as having lost control over drink, has an ever increasing desire to drink with physical or mental pain if they do not, and an inability to stop.)

WHO define an alcohol related disability as an impairment in physical, mental or social functioning: not all sufferers will be dependent, but they may be at increased risk of developing dependence.

Information courtesy of Alcohol Concern, The Medical Council on Alcoholism, and "Alcohol Our Favourite Drug" published as a report from the Royal College of Psychiatrists by Tavistock Publications, London.

Detoxification

Drugs have a limited role in the treatment of alcohol dependence; a comprehensive programme involving counselling and support is vital.

Disulfiram (Antabuse) is used as aversion therapy in the treatment of alcohol dependence; it causes accumulation of acetaldehyde, leading to extremely unpleasant systemic reactions after the injestion of even small amounts of alcohol. Individuals vary in their response; reactions can occur in 10 minutes and be severe, including palpitations, tachycardia, nausea, vomiting. Large doses of alcohol cause arrythmias, hypotension, and collapse. Therapy can be continued for up to a year, and should be initiated in a specialised setting. A recent literature review concluded that disulfiram may be most effective in reducing short term alcohol consumption when patient compliance is supervised.

Chlormethiazole (Heminevrin) and benzodiazepines can be used to relieve withdrawal symptoms, but dependence may develop to them. Chlormethiazole reduces shakes, general restlessness and insomnia. It is contraindicated in those who continue to drink, and to minimise the risk of dependence, it is recommended that administration should be limited to nine days under inpatient supervision. Daily im injections of Parentrovite may be given for seven days during withdrawal. Multivitamins are required by long-term alcoholic dependents. There is some evidence that alcohol interferes with the ability to convert linoleic acid to gamma-linoleic acid; if so, sources of gammalinoleic acid may be useful in withdrawal, for example.

Help for heavy drinkers

Heavy alcohol use and misuse is a moral isssue, with many classifying it as low on the list of health priorities. However a varity of help is available, making it possible to tailor the help to the patient.

Some self help groups, like Alcoholics Anonymous, see alcoholism as a disease and believe that the only way forward is not to drink again. However, many other professionals see excessive drinking as a piece of learned behaviour, arising from a variety of causes, which can be remedied with the right help. Depending on the drinker's degree of dependence, it may not always be necessary to totally abstain.

While AA works on a group basis, one-to-one counselling is also available nationwide. Details can be found in the Alcohol Concern's Alcohol Services Directory, which lists all known agencies whose main function is to help problem drinking. Community based services include individual and group counselling, telephone advice, residential courses, controlled drinking and private agencies.

Alcoholics Anonymous, 11 Redcliffe Gardens, London SW10 9BQ. Tel: 071 3529779. Members meet for self-help in a group setting
Alcohol Concern, 305 Grays Inn Road, London, WC1X 8QF. Tel: 071 833 3471
Al Anon/Al Ateen, 61 Great Dover Street, London SE1 4YF. Tel: 071 403 08888. Provides support for families.
Medical Council on Alcoholism, 1 St Andrews Place, London NW1 4LB. Tel: 071 487 4445
Drink Watchers, Tel:071 371 7477. For those who wish to cut down, rather than abstain from alcohol
Scottish Council on Alcoholism, 147 Blythswood St, Glasgow G2 4EN. Tel:041 333 9677
NI Council on Alcohol, 40 Elmwood, Belfast BT9 6AZ. Tel: 0232 664434
Alcohol Concern (Wales), 9th floor, Brunel Houise, 2 Fitzalan Road, Cardiff CF2 1EB. Tel: 0222 488002

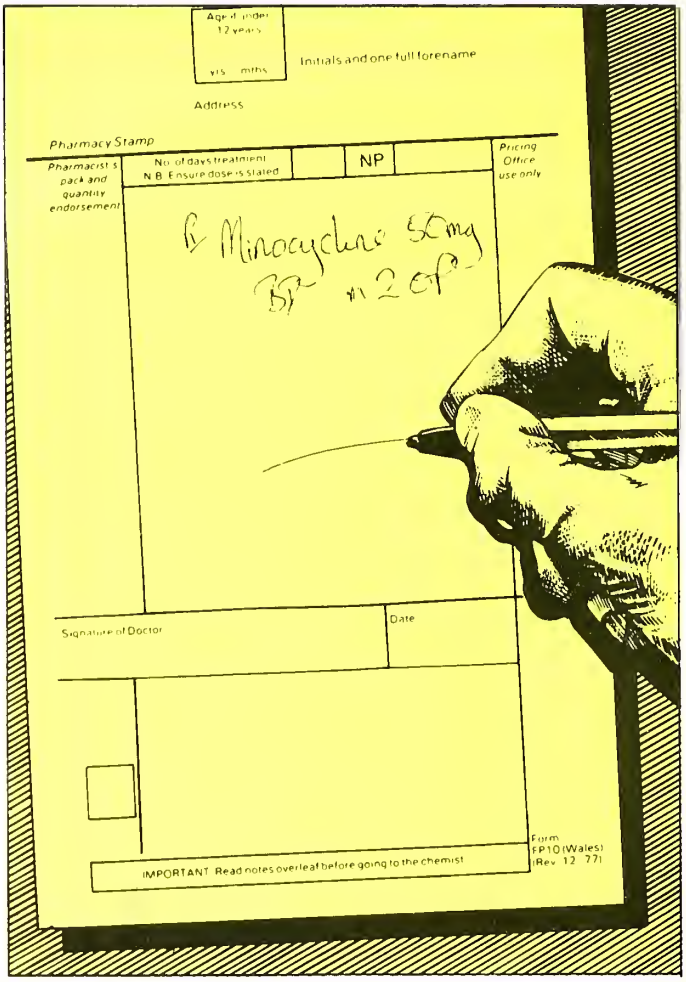
This repeat script is presented by a 24 year old married lady. She asks advice about a problem she has had since stopping a conventional combined oral contraceptive three months ago: she hasn't menstruated since. Is this normal or, after six years on the Pill, is she now infertile?

Q

1. Is this normal?
2. What alternative explanations could there be?
3. What action do you suggest?
4. How should the acne be treated?

A

1. Yes — amenorrhoea may occasionally persist for several months after stopping oral contraceptives. If this problem is causing concern she should discuss with her GP the benefits of specialist referral, although a further three month wait may be advised before investigations are contemplated.
2. She may already be pregnant, or menstruation may have been irregular and unpredictable before starting on the oral contraceptive.
3. She should have a pregnancy test and no more minocycline should be taken until the result is known. This issue should be addressed with care, preferably via the GP. Tetracyclines are contra-indicated during pregnancy because they may affect the development of bone and, if pregnancy is confirmed, counselling about the possible risk to the foetus will be necessary. If pregnancy is excluded and the delay in conception is worrying, specialist referral for both partners would help.
4. This depends on the severity of symptoms: keratolytics alone may be adequate and would be safe. If antibiotic therapy is essential, topical agents such as erythromycin lotion would be preferred. Although it is not specifically indicated for use during pregnancy, extensive experience suggests that problems are unlikely.



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Announcing the new Benylin Non-Drowsy Formulation for Dry Coughs

Following the successful introduction of Benylin Non-Drowsy formulation for Chesty Coughs last year, Warner-Lambert Health Care announce the new Benylin Non-Drowsy formulation for Dry Coughs. Now for the first time, the pharmacist can offer his customers a choice between Benylin treatments for the Dry Cough — Benylin Original Dry and Benylin Non-Drowsy Dry

Research shows that the non-drowsy segment now accounts for 40 per cent of the cough treatment market, a growth of 13 per cent since 1989. While the majority of users still prefer the original formulations, nevertheless a quarter of cough product users actively seek non-drowsy formulations.

Experience with Benylin Non-Drowsy Chesty has shown an overwhelming response to the concept of non-drowsy Benylin variants, generating additional interest and sales for the Benylin range as a whole. With the support of the pharmacist, this can bring additional cough business back into the pharmacy, as has happened already with Benylin Non-Drowsy Chesty. Research shows that this trend is likely to continue.

Heavy TV support

The launch of Benylin Non-Drowsy Dry is being heavily supported with television advertising in May, June and July so that the pharmacy can take full advantage of Summer sales — it is a fact that 40 per cent of cough sales are in the Summer months, more than many ''Summer'' categories such as OTC hay-fever treatments and travel sickness remedies.

This summer TV advertising for Benylin will be in addition to the usual heavy winter campaign. The benefit of this extra support for the brand and the pharmacy can be maximised by good display and merchandising during the summer months.

Benylin Non-Drowsy Dry is registered as a ''P'' product and contains 7.5mg dextromethorphan hydrobromide per 5ml dose. It is available in 125ml bottles with an rsp of £2.45.

Now even more customer choice in Benylin — the new Non-Drowsy formulation for Dry Coughs

The non-drowsy market

Your questions answered:-

- The non-drowsy segment is now 40 per cent of today's cough market
- The non-drowsy segment has grown by 13 per cent since 1989
- Some 25 per cent of cough users actively seek non-drowsy formulations
- While avoiding drowsiness was an important factor for some consumers, cough relief which aids restful sleep was seen as desirable by 44 per cent
- Research clearly indicates that a market for both original and non-drowsy formulations will continue to exist, that customers want to be able to exercise choice, and that co-medication will occur

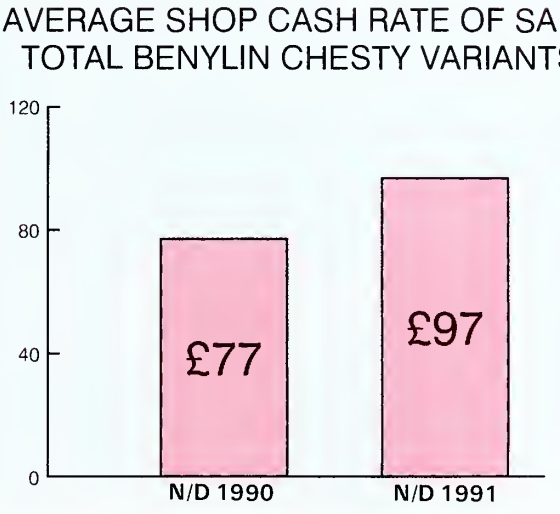
The Benylin Non-Drowsy formulations

- Consumer research indicates that 67 per cent of users of competitive brands stated that they would now purchase a non-drowsy Benylin
- Non-drowsy Benylin variants mean not just extra sales but also can bring additional cough business back into the pharmacy. This has happened already with Benylin Non-Drowsy for Chesty Coughs as detailed below
- Both Benylin non-drowsy variants are sold only in pharmacy. Non-Drowsy Dry is a P medicine and Non-Drowsy Chesty is GSL but limited to pharmacy. This helps keep cough profits in the pharmacy

Growing success for Benylin Non-Drowsy for Chesty Coughs

- The 125ml size was launched in September 1991, and had achieved a 2.3 per cent share of the market in its early months, ahead of many well-known brands. This brand share is still growing
- Of all the new cough products launched in 1991, Benylin Non-Drowsy for Chesty Coughs had the highest cash rate of sale of any new pack, and has reached number four ranking for the entire category
- Benylin Non-Drowsy for Chesty Coughs brought extra business to the Pharmacy. Some 45 per cent of sales of this new variant were incremental to the Benylin range

Benylin summer TV will feature new Non-Drowsy variants



The launch of Benylin Non-Drowsy for Chesty Coughs helped increase the cash rate of sale of total Benylin Chesty variants by over 25 per cent

New — Non-Drowsy for Chesty Coughs now in 300ml size

- Benylin Non-Drowsy for Chesty Coughs is now available in 300ml size, responding to a demand for a larger pack. The 300ml size of Benylin Chesty Original Formulation now has the third ranking cash rate of sale in the entire cough category, illustrating the consumer demand for larger sizes
- Non-drowsy medications are usually taken throughout the day, increasing the consumer's product requirements. This makes the larger 300ml size convenient for the customer as well as a high profit item for the pharmacy

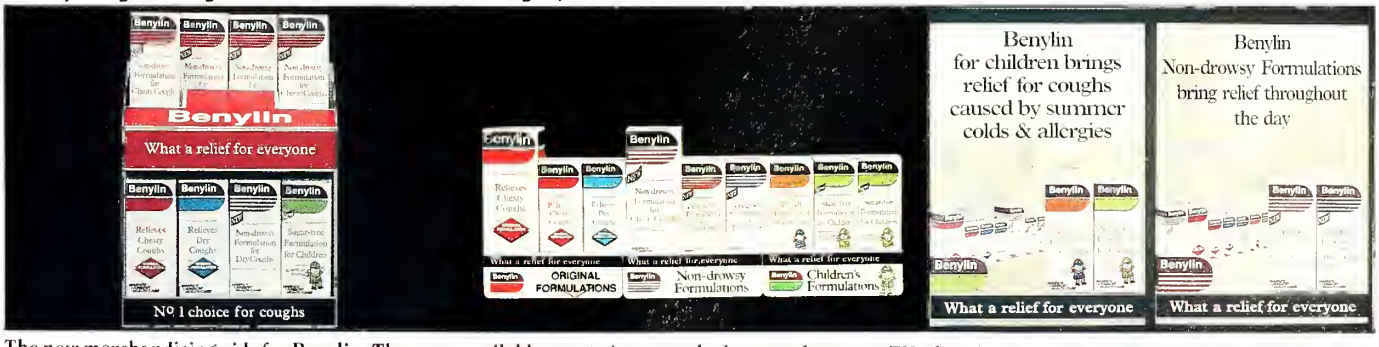
'Customers choice is today's opportunity'

says Jim Cali, group product manager, Warner-Lambert Health Care

Customer choice

"As the number one brand in coughs, our purpose must always be to provide the customer with the choice that he or she needs within the Benylin range. We've done this already for chesty coughs, and there our new non-drowsy product has already been a resounding success — generating incremental sales for Benylin and the pharmacy.

"Now there will be the Benylin choice for Dry Coughs as well, and we are sure that the new product will quickly develop its own consumer following too. TV advertising in the May-July period in addition to our usual heavy support in the winter months will help ensure strong year-round sales for both new Non-Drowsy variants," Mr Cali said.



The new merchandising aids for Benylin. These are available now to increase the impact of summer TV advertising, and include a counter unit, shelf strips and two showcards

Advertising regs — honoured in the breach only in Scotland?

Observers of Scottish pharmaceutical affairs will hardly have failed to notice the recent re-emergence of advertising of professional services; this despite legal guidance having previously been proferred both by Pharmaceutical General Council (Scotland) and by the Royal Pharmaceutical Society of Great Britain, advising such actions may be in breach of Scottish Health Service regulations.

It is now painfully obvious that any organisations responsible for such activities have not only shown such little regard for our national professional bodies, but further, has shown themselves to be in apparent contempt of the Scottish legal system itself. Perhaps they feel, given the situation in England and Wales, that Scottish Health Boards will be reluctant to instigate service committee proceedings over such matters.

Might we remind everyone, therefore, that while such regulations exist, they should be legally binding on all of us, and that, as such, Health Boards should be duty bound to take the appropriate measures should a breach of such regulations be brought to their attention.

A number of our more politically aware pharmacist commentators foresee little chance of Scottish Health Service Regulations being consolidated this current Parliamentary session. Indeed, one might even venture to suggest that, given the current fierce pressures on the Parliamentary legislative timetable, that such a low priority item might not even be tabled in the medium term.

Our friends in their ivory towers seeking legal immunity would do well to remember the inordinate length of time it took to bring Scottish divorce law into line with the rest of Britain — almost a decade!

Given such circumstances, there are three main areas in which we would welcome the opportunity to comment:

(a) In the first instance, it is necessary to distinguish between advertising per se, and canvassing: whereas the "Oxford English Dictionary" defines advertising as "to make known by an announcement in a journal...", canvassing, on the other hand, is defined as "to solicit, as support... orders...". While advertising may well be in the public interest in that members of the public will be better informed of what the pharmaceutical profession has to offer, canvassing cannot be considered to be anything better than prostitution of the profession!

(b) In defending our professional integrity, it is essential that Scottish pharmacists remain vigilant, reporting all such breaches of the regulations and ensuring that such reports are acted upon.

(c) Even though it may be some time before Parliament gets round to consolidating and reforming the Scottish regulations, we must make provision now — we must plan carefully and be ready to negotiate in order that we do not "throw the baby out with the bath water".

We must ensure that the rules on advertising are not abandoned totally, but redrafted to take account of society's needs for information. This relaxation of the rules, however, will require to be tempered by the continued need to prohibit those who would seek to tout for business. In so doing, the regulations will require to be carefully defined — vague law can frequently be bad law.

Scottish regulations aside, the latest Code of Ethics, while no longer requiring advertisements for professional services to be "discreet", still impose obligations on pharmacists to use "restraint". Recent advertisements run in Scottish Press, however, have tended to take the form of "full page" advertisements.

As Tim Astill, director of the National Pharmaceutical Association, has questioned recently, "how far does advertising have to go before it prompts...knuckle rapping from the Society" (C&D May 30, p942). With the best will in the world, we do not believe the Society has either the financial or manpower resources to police such a Code.

Far better, therefore, to provide for careful control through the mechanism of well defined legislation allowing the use of advertising for the purposes of

Continued on p1059

veracur gel

Helps pharmacists put down what feet pick up.

Swimming and other summer activities help Verrucas spread. So now's the time to remember Veracur Gel.

* Convenient, painless, non-acid
* No cutting, no burning
* Suitable for children

Veracur gel contains a formaldehyde solution BP equivalent to 0.75% w/w formaldehyde on water miscible gel base. Available in 15g tubes

veracur gel

– Puts verrucas on the run.

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Telephone 0202 666626

WITH *HIS* COMPANY CAR, OUR TOP SALESMAN DOESN'T HANG AROUND!

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"THE WINNING FORMULA"

PIZAZZ SPORT is the all new mens toiletries regime. **Six winning products with RSP's from £1.99 - £5.25** PLUS excellent trade margins and year round support.

TOTAL SPEND IN EXCESS £1.5 MILLION IN YEAR ONE

YOU CAN WIN TICKETS TO THE BELGIAN GRAND PRIX - August 30th including hotel in the U.K. and private return jet flight. Contact Spectrum Group for details... **Consumer prizes** include

- **Nigel Mansell's Renault Clio 16V**
- **A test drive in a Ferrari Testarossa**

Distributed to chemists by:

Spectrum Consumer Products, 10 Waltham Park Way
London E17 5DU
Tel: 081 523 5500 Fax: 081 523 4729

Northern Ireland
Worktown Brokerage, Belfast
Tel: 0232 848416 Fax: 0232 833852

Pizazz Sport International • 9 Cork Street • London W1X 1PD • Tel 071 439 3806

A MICHAEL LEFORT COMPANY

'CORSODYL'
chlorhexidine gluconate 0.2% w/v

'CORSODYL' MINT
chlorhexidine gluconate 0.2% w/v

PRESCRIBING NOTES
Consult data sheet before prescribing.
USE
Inhibition of plaque; treatment and prevention of gingivitis; maintenance of oral hygiene; promotion of gingival healing following surgery; management of aphthous ulceration and oral candidiasis.
PRESENTATION
'Corsodyl' Mouthwash:
A clear pink solution containing 0.2% w/v chlorhexidine gluconate.
'Corsodyl' Mint Mouthwash:
A clear colourless solution containing 0.2% w/v chlorhexidine gluconate.
DOSAGE AND ADMINISTRATION
10ml undiluted twice daily. Rinse mouth for one minute. *Prior to dental surgery:* rinse mouth with 10ml for one minute.
CONTRAINDICATIONS
Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare.
PRECAUTIONS
For oral use only, keep out of eyes. Avoid contact with brain, meninges and middle ear
SIDE EFFECTS
Occasional irritative skin reactions. Generalised allergic reactions to chlorhexidine have also been reported but are extremely rare. Superficial discolouration of the teeth may occur. This usually disappears after discontinuation of treatment and can largely be prevented by cleaning teeth or dentures before use but may sometimes require scaling and polishing for complete removal. Transient taste disturbances and oral desquamation. Very occasional parotid swelling.
PRODUCT LICENCE NUMBERS AND BASIC NHS COST
'Corsodyl' Mouthwash (29/0124) 300ml (OP) £1.25.
'Corsodyl' Mint Mouthwash (29/0201) 300ml (OP) £1.25.

'Corsodyl' is a trademark.

Further information is available from:

ICI Pharmaceuticals,
King's Court, Water Lane,
Wilmslow, Cheshire.
SK9 5AZ

ICI

91-766 K Dec 91

Which mouthwash won't get left on the shelf ?

15

Of Cors'odyl!

Continued from p1056

public information, but without the excesses of persuasive soliciting.

However, to make one final point: much of legislation is based on reason — what is reasonable in given circumstances — what rules are necessary to allow those affected by the legislation to go about their business in a fair and equitable manner. Having regard for such a concept, it would neither be right nor proper, to allow those with the greatest financial muscle to prosper at the expense of the individual proprietor pharmacist.

Any regulations so introduced must address the issue of restraint. Thus far, precious little restraint has been exercised in Scotland.

Frank Owens, Bonnybridge
Alastair Murray, Falkirk
John Craig, Cumbernauld
Michael Cohen, Polmont
Alan Sutherland, Stenhousemuir
Carol Scott, Bonnybridge

Thanks voters

I would like to take this opportunity to thank all of the members of the Society who voted for me in the recent Council elections.

Having come close to being elected this year, I can assure the members that voted for me, that I will be seeking nomination for next year's election.

Julian Ashley
Superintendent pharmacist, Safeway

Rural dispensing rules must be applied over the country

I welcome Robert Gartside's "Personal Opinion" column in last week's issue (p880) as it coincides precisely with my views on the subject and I believe that it is time that the law, as stated, in the Medicines Act 1968 was properly operated.

I have spoken to members of the RPSGB staff and officers of the PSNC on the subject, but I feel there to be a conspiracy of silence on the matter. Why? I am sure that if one of us overstepped the boundary into the medical practitioner's area of responsibility there would be a justifiable outcry, so why does it not apply the other way round?

In Kent there are a considerable number of rural communities where the pharmacy and surgery are very close, yet the doctors are permitted to dispense for their patients outside the one mile limit, even though those same patients have to pass the pharmacy door to collect their medicines from the surgery, where they have been dispensed by unqualified and unsupervised staff. Many of these rural pharmacies have a below-average dispensing turnover and they would be very vulnerable should the National Audit Office's apparent liking for a flat-fee arrangement come into being.

We are also seeing attempts by a number of general medical practitioners to obtain outline consent to dispense in areas where the existing pharmaceutical service is perfectly satisfactory. The only defence under the Regulations is to prove prejudice to the pharmaceutical service if permission is granted. Prejudice to anything is notoriously difficult to show as it involves many assumptions. Sadly the Department of Health's comments on the subject of rural dispensing are not carried through into the Regulations. Earlier this year I received a reply to a letter of mine addressed to the Secretary for Health in which it stated, "The regulations allowing doctors to dispense addresses a need which exists in the absence of adequate pharmaceutical services..." In many areas, though, the existing pharmaceutical service is clearly much more than adequate, but the Regulations have allowed outline consent to be granted.

Kent FHSA has also raised the idea of some form of training for trading doctors dispensers and the LPC has indicated its misgivings on the subject for exactly the reasons set out by Mr Gartside.

May we expect some positive moves on this subject in the near future, or do we have to stand by to see rural pharmacy decimated for the financial gain of some doctors?

Michael D.Moore
Kent Local Pharmaceutical Committee

Calling all non-pharmacist Exeter old boys and girls

The University of Exeter is, at present, setting up an Alumni Relations programme for its former students. I wonder If I could request, through your journal, any former students of the University who have not yet done so to contact me at the address below in order to receive their free magazine, *Exeter Graduate*, and the news of future reunions and services to Alumni, which may be of interest to them.

Would any former students write to: Chris Bignell, Alumni officer, Development Office, Registrar and Secretary's Department, Northcote House, The Queen's Drive, Exeter EX4 4QJ.

With many thanks for to your readers for their co-operation.

Chris Bignell
Alumni Officer

The balloons go up on the Norton stand, and intrigue some of the children attending the Unichem Family Day at Thorpe Park last Sunday with their pharmacist parents(see p1062)

Worthy of hire

Xrayser's comments on the use of JIC scales in NHS remuneration negotiations (C&D May 23) bear no relationship to reality whatsoever.

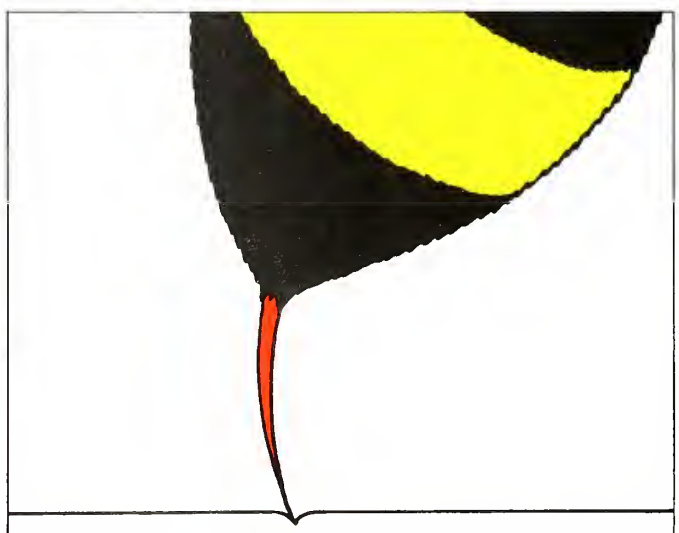
Neither under the cost-plus contract or its replacement, based on the principles of recruitment, retention and motivation, have JIC scales formed any part of the evidence or discussions leading to the determination of NHS remuneration.

Where Xrayser is on stronger ground is in suggesting that the DoH should accept the true costs of staff employment.

While acceptance would smack of a return to cost-plus, the Department should be prepared to agree to the collection of cost data to inform the negotiations.

What is the point of the Department accepting that "trends in the general level of NHS expenses" is a factor to be taken into account and then steadfastly refusing to co-operate in the collection of relevant data? Perhaps the Pharmacists Review Panel can provide us with the answer.

M D Brining
Pharmaceutical Services Negotiating Committee



PUNCTURE REPAIR KIT

There are three good reasons to recommend WASP–EZE to your customers before they go on holiday.

- Its powerful local anaesthetic provides rapid pain relief.

WASP-EZE FIRST AID FOR ALL STINGS

FAST AID FOR ALL STINGS and insect bites

NAPP

Consumer Products Division, Napp Laboratories Ltd, Cambridge Science Park, Milton Road, Cambridge CB4 4GW, U.K. ® The NAPP device and WASP-EZE are Registered Trade Marks © Napp Laboratories Ltd 1992

Sales of SMA* Ready-to-Feed are hotting up. As the weather gets warmer and mothers get out and about, more and more discover the convenience and quality of liquid SMA, in go-anywhere, feed-anywhere cartons.

SMA Ready-to-Feed does away with mixing up powder feeds. The 250ml size provides a handy trial pack and is perfect for days out. The larger one litre carton contains a whole day's feed and is the ideal size for full time use.

Since its launch in 1988 SMA Ready-to-Feed has built a totally new market. And in spite of imitations still enjoys almost 90% of all liquid sales.

This year sales are expected to reach record levels. With premium prices over powder and the need for increased frequency of purchase, SMA Ready-to-Feed brings more store traffic, revenue and profit to your baby milk business.

SMA Ready-to-Feed is being supported by a comprehensive publicity and promotional programme. So stock up now and watch those mothers pouring in.

IMPORTANT NOTICE

Breastmilk is best for babies. Infant formula is intended to replace breastmilk when mothers do not breastfeed. Good maternal nutrition is important for preparation and maintenance of breast feeding. Introducing partial bottle feeding could negatively affect breast feeding and reversing a decision not to breastfeed is difficult. Professional advice should be followed on infant feeding. Infant formula should be prepared and used as directed. Unnecessary or improper use of infant formula may present a health hazard. Social and financial implications should be considered when selecting a method of infant feeding.

SMA*
READY-TO-FEED
YOUR LIQUID ASSET

SMA NUTRITION, Huntercombe Lane South, Taplow, Maidenhead, Berks SL6 0PH. Tel: 0628 660633.

Plans to raise members' fees by about 6pc

The Royal Pharmaceutical Society's Council has agreed to seek the Privy Council's approval for an increase of about 6 per cent in the statutory fees for members as from January 1, 1993. The retention fee for members in full employment would rise from £106 to £112 and the fee for those in part-time employment from £59 to £63. The premises retention fee is still to be determined.

Development funds sought

Council has confirmed that it would continue to seek external funding where appropriate for initiatives in professional development but agreed that employment of a professional fund raiser would not be cost effective.

The matter arose from criticism over the £100 preregistration exam fee and a motion carried at the Society's annual meeting that: "Council must take action so as to produce a lasting mechanism which would enable the payment of the profession's examination/assessment requirements. Such a mechanism, while aiming to maximise external funding, must facilitate for the spread of residual costs among the profession as a whole."

At this month's Council meeting, Lord Peston suggested that the motion as worded could not be debated because it was impossible to make any sense of it.

The president David Coleman, said Council should consider sympathetically the thoughts behind the motion. It had been argued that the possibility of external funding should be considered for any extra examinations and that the increased cost might be spread among the profession.

Council agreed a statement confirming that it would continue to seek external funding for proposed initiatives in professional development and other fields, such as research awards and professional audit, whenever it was considered appropriate. "In addition, the preferred method of funding of any balance of required expenditure, including the annual retention fee, would be considered on each occasion.

But Council firmly believed that employing a fund raiser on the Society's staff would not be cost effective, particularly as "funding agencies will not, in general, be inclined to support the professional development of individual pharmacists. Members of the Council and staff will, as at present, be nominated by the Council to seek resources from the relevant external funding bodies whenever appropriate.

"The Council believes that the above flexible strategy is necessary because of the wide variation in potential funding methods for individual initiatives. The need to consider on each occasion possible sources of external funding will he an integral part of the Council's strategic planning."

Code of Ethics — immediate change Council adopted the revised Code of Ethics, accepting the decision of the Society's annual meeting that Paragraph 14 of the guidance on Obligations 7.1, 7.2 and 7.3 of the Code should be amended to read: "When advertising in telephone and other local directories, bold type and super bold entries are permitted, as are display and semi-display advertisements which do not conflict with other guidance on the obligations under this principle."

The new code will come into force immediately. It will be published in full in the next "Medicines, ethics and practice: A guide for pharmacists", due to be published in October. Until then, copies are available on request from the office.

Subcommittee change rejected Council rejected a proposal that the community pharmacy subcommittee should have a majority of elected community pharmacy members. Proposing the change, John Balmford hoped Council could look again at the constitution of the subcommittee before it appointed the committees for 1992-93. He felt that more community pharmacists should have the chance to be elected democratically to the subcommittee, but the motion was lost.

Repeat dispensing Council received the report of a working group set up in May to prepare a draft protocol for repeat dispensing. It was decided, after a long debate, that the report should not be accepted as Council policy but should be used as a basis for future discussion with the Pharmaceutical Services Negotiating Committee and other interested bodies.

The group felt firmly that patient medication records would be necessary in pharmacies involved in any repeat dispensing scheme and any system would require the pharmacist's personal contact with the patient. If the pharmacist had doubts about compliance, adverse reactions or the general wellbeing of the patient, there should be a mechanism for referral to the GP.

Further debate was needed on whether the advantages of having the complete prescription (all repeats) dispensed at a single pharmacy outweighed the consequent disadvantage of the loss of freedom of choice for the patient.

Continuing education incentives Council agreed that the possibility of financial incentives for community pharmacists participating in continuing education should be further explored at a meeting between representatives of the Society and the Department of Health.

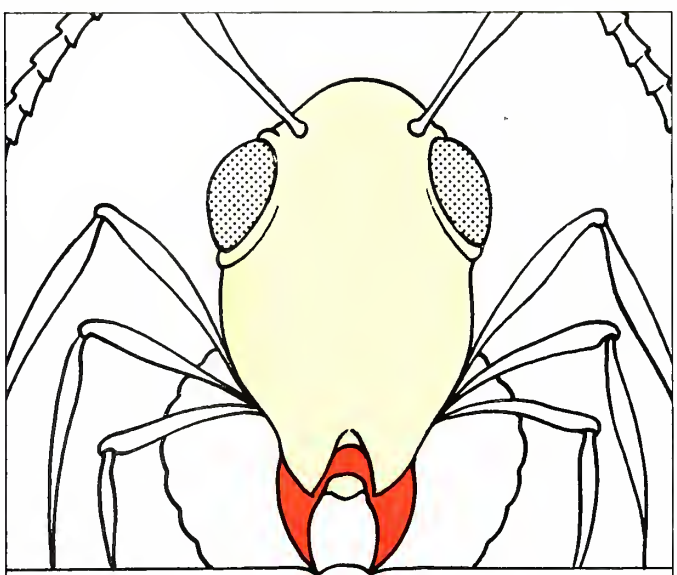
Sick pharmacists scheme Council agreed to pursue a proposal to establish a "sick pharmacists scheme", along the line of programmes used in other professions for helping those with drug, alcohol and other problems. Suggested options for funding the scheme would be investigated.

NAO report Council welcomed those parts of the National Audit Office report on community pharmacy which supported the further development of the roles of community pharmacists but had concerns about the report's comments on the number and distribution of pharmacies. The Council agreed to convey its preliminary views to the audit office. Other aspects of the report would be addressed in due course.

Inspectors' forms The Law and Ethics Policy Committee welcomed a proposal to introduce an advice form for Society's inspectors to use at their discretion on pharmacy visits. The inspector would give a copy to the pharmacist.

Monitored dosage Council accepted a recommendation that the Society should issue guidelines on the use of monitored dosage systems.

Medicines disposal Council agreed that a further letter should be sent to the Department of the Environment urging that priority be given to resolving the difficulties faced by pharmacists as a result of the new controls on waste disposal and their effects on the collection and destruction of pharmaceutical waste. A meeting between representatives of the Society and of the London Waste Regulation Authority had discussed proposals for a London-wide campaign for the disposal of unwanted medicines and drawn up a five-phase approach.



PUNCTURE REPAIR KIT

The second reason why you should recommend WASP–EZE to customers going on holiday is...

- Its cooling action reduces heat and discomfort.

WASP-EZE FIRST AID FOR ALL STINGS

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Business news

Boots put eggs in Manoplax basket

Boots are pinning a lot of their hopes for the future of the company on Manoplax, their heart drug currently in development, said chief executive Sir James Blyth, announcing the company's annual results.

"Our own clinical work showed up no ethical problems and no survival problems," said Sir James. "We are now looking for survival improvements in congestive heart failure problems".

Marketing plans for the drug are already underway, with a marketing agreement signed with Warner Lambert in the USA and a similar agreement tied up in Germany. In Japan there are plans for Manoplax to be manufactured under licence. "We are going alone in the UK, France and Italy," said Sir James.

However, Sir James is keen that Boots pharmaceutical division is not seen as a one product company. "We don't have to find the son of Manoplax; we are not dependent on a single pharmaceutical product at Boots. It is the other side of the Zantac coin".

He said Boots pharmaceutical have two or three other products in the pipeline.

On the pharmacy retail side, Sir James said Boots the Chemists' sales are now doing particularly well: "The business continues to be cash positive and I believe this will be a better year for us". Sir James said that he regards cash flow as paramount in the running of the Boots business.

"We are taking a reasonably optimistic view of the UK retail sector, but we believe recovery will be slow".

On the down side he said the Christmas trade had been worse than he would have wished. Expenditure on discretionary items like fine fragrances and hi-fi was down. "Where a purchase has been postponable at least part of it has been postponed".

However, he refused to be drawn on the possibility of a Boots bid for the up-for-sale Fisons consumer health business. "We have probably the largest consumer health business in the UK — you would expect us to look at Fisons, wouldn't you?"

Sir James Blyth

Boots' figures were at the bottom end of city analysts' expectations, and the share price dipped at the news. Profit before tax was £374.2m, a 7.2 per cent rise year-on-year on a flat turnover, up just 2.5 per cent to £3.6 billion.

Ward White still haunt Boots, and an extraordinary cost of £15.8m included a provision of £5.8m for anticipated costs arising from defaults on leases on retailing businesses sold by Ward White before Boots bought them in 1989. The remaining £10m is a provision against possible liability arising from an agro chemical joint venture in the US which was sold over ten years ago.

The pharmaceuticals division achieved a 4.9 per cent increase in profits on a turnover up 11.2 per cent. Crookes, at £83.7m, showed a 20 per cent increase in sales, while the decline in the world sales for ibuprofen has been halted with an 8 per cent increase last year. The company invested £44.5 million in the drug last year and a further £50m is planned for this year.

Sales up 2.5 pc to £3.66bn
Pre-tax profit up 7.2pc to £374m
EPS up 9.1pc to 26.4p
Final dividend up 8pc to 8.1p
Pharm division:
Sales up 11.2pc to £699m
Profit up 5pc to £121m
Boots the Chemist:
Sales up 4.7pc to £2.5bn
Profit up 7.6pc to £246.2m

Boots the Chemists' numbers look less than impressive with turnover up at about the rate of inflation — 4.7 per cent to £2.5 billion. However, profits are healthier at £246.2m, a 7.6 per cent rise.

Boots have picked up the pace of their R&D programme, with a 10 per cent increase to £58.9m in 1991 — 30 per cent of which went on Manoplax. The company expects to boost R&D spending by a further 18 per cent this year.

ICI put extra £19m into Zoladex plant

ICI are to invest a further £19 million in additional manufacturing facilities for Zoladex. Like the existing Zoladex plant, the new plant will be at the company's Macclesfield site.

The new plant will be ICI's largest investment in 1992 and will double the company's existing capacity for the drug.

ICI's sales for Zoladex were £70m in 1991, up 40 per cent on the previous year.

David Friend, ICI Pharmaceuticals' chief executive says: "This second investment in Zoladex is doubly significant. It indicates the outstanding medical and commercial success of the drug and is a reminder of the importance of the UK as a platform for the growth of ICI's worldwide business."

● ICI are continuing their corporate membership of the Save the Children fund by contributing £300,000 over the next three years for the development of field work in Vietnam.

Unichem win their case

Charles Henderson learned the hard way that the toughness has not gone from Unichem, when he was personally bankrupted by the company. His appeal against the decision was dismissed by the Slough Bankruptcy Court.

Mr Henderson's Custode group operated three pharmacies in the Slough area, but the business went under with some £1.4 million of debts.

Unichem's chief executive Jeff Harris told *C&D*: "It was a debt which went bad some 18 months to two years ago. We and quite a lot of others lost money. In our case it was a figure of the order of £200,000; it has already been allowed for in the 1990-91 financial year."

Unichem were able to make Mr Henderson bankrupt because he had signed a personal guarantee.

"We were suspicious of the trading debt and forced Mr Henderson to sign a personal guarantee if he wished to keep trading with Unichem," said Mr Harris. Normally Unichem only ask for a personal guarantee where it is guaranteeing a loan for capital to buy or expand a business.

Mr Henderson claimed at his bankruptcy appeal that Unichem had provided unreliable figures, broken a supply contract and had refused to accept a reasonable settlement, but he failed to convince the court of his case.

"It has been Unichem's policy for many years to bankrupt someone who has a personal guarantee and goes into liquidation. However, usually the percentage of the debt we recover in this way is very small," said Mr Harris.

For TANDEX call THE Tenks GROUP
Dental Hygenius
Customer Service Hotline 0494 442446

Wellcome outline timetable for share sale

The details, structure and expected timing of the £4 billion sale of up to 50 per cent of Wellcome's shares by the Wellcome Foundation have been announced. But there are no free rides: Wellcome will be asking the ruling share price at issue.

Current plans have the offer circular to be published on June 25 with the tender period to begin on July 6, to close two or three weeks later. A preliminary offer document has already been published.

There is to be priority for current Wellcome shareholders in the British Isles, who will have an allocation of £5,000 worth per applicant. The rest of the British Isles will be able to apply for shares either through intermediaries or on application forms.

One major decision has yet to be made, however: the size of the offer.

The Wellcome Trust currently owns 632 million shares in Wellcome plc, representing 73.5 per cent of the total issued share capital. The trust intends to retain some 25 per cent of these as a long term shareholding — at least until 1994.

In the UK, applications for shares will have to be for a minimum £1,000; early applicants may qualify for priority allocation.

Personal equity plans have been catered for. An individual may subscribe up to £6,000 to a general PEP and up to £33,000 in a single company PEP.

AAH pick up two more

AAH have bought two more pharmacies for their Vantage chain. The company has bought J.D. Hollins Chemist at Great Sutton, Wirral, and Rossiters Pharmacies of Tiverton, Devon.

In a cash and paper deal, AAH are paying £1,165,923 made up of £5,923 cash and 218,457 new ordinary shares in AAH. The company says the net assets it has acquired are expected to be not less than £200,000.

The businesses will trade as Vantage pharmacies in AAH's healthcare services division.

Unichem get 1,000 buyers Family Day

Some 1,000 pharmacists and their families — 4,500 in all — attended a Unichem Family Day trade show at Thorpe Park last Sunday, run as part of their partnership programme. Some 55 companies took stands with 58 expected to back the second Family Day at Alton Towers on July 12.

Assistant marketing director Tony Foreman said the partnership programme was proving even more successful than Unichem's wildest dreams. Some 1,000 pharmacies — two and a half times the budgeted number — have purchased the 1,000 leaflet local door-to-door drop promoting the pharmacy and Unichem; the spot the hall car competition has so far brought 2,000 entrants purchasing 60,000 cases of product, and 2,000 pharmacies are using Unichem promotional window POS with 500 of those purchasing the "Services available here" sign.

Unichem also announced at a Family Day Press briefing that they now had 170 EPoS systems in place with two groups purchasing systems. The company is expecting EPoS to "snowball".

The company says it will take on two more franchises this month and is through the shopfitting backlog. Chief executive Jeff Harris says the company is continuing its policy of allowing franchisees to buy-back after ten years and will only franchise pharmacies that the pharmacist has a "ghost of a chance to purchase".

Mr Harris describes the National Audit Office report on pharmacy as "another snapshot taken by someone who doesn't understand pharmacy". "I can't see any Government action at this stage to implement closures." Deputy chairman David Mair said it might be a question of redistribution of pharmacies rather than changing the numbers.

Mr Harris said Unichem were still looking very hard at Europe and at UK pharmacies.

Unichem chief executive Jeff Harris is flanked by deputy chairman David Mair (right) and assistant marketing director Tony Foreman on the company's Thorpe Park stand. The second edition of the company's pharmacy-distributed consumer magazine, *Healthy Times*, will be published on July 1 with a print run greater than the 800,000 of the first edition

Sterling's success

Sterling Health have won the OTC News Creative Award for the European Self-Medication Industry with their £1.2 million "Archers" Solpadeine TV campaign (**C&D** last week) for the "campaignability" of its total market concept.

Coming Events

NPA stall at fun day

AAH's Fun-for-the-whole-family Day, to be held at Ripley Castle near Harrogate on June 14, will be attended by staff from the National Pharmaceutical Association.

This is the first time the NPA has taken a stand at one of the AAH fun days. Leading equipment suppliers to the NPA will also be exhibiting.

Wednesday, June 13

Edinburgh Branch, RPSGB. Treasure hunt: meet at 8pm between the Scottish Galleries. Latecomers can catch up at the Deacon Brodie from 9.15pm.

Saturday, June 20

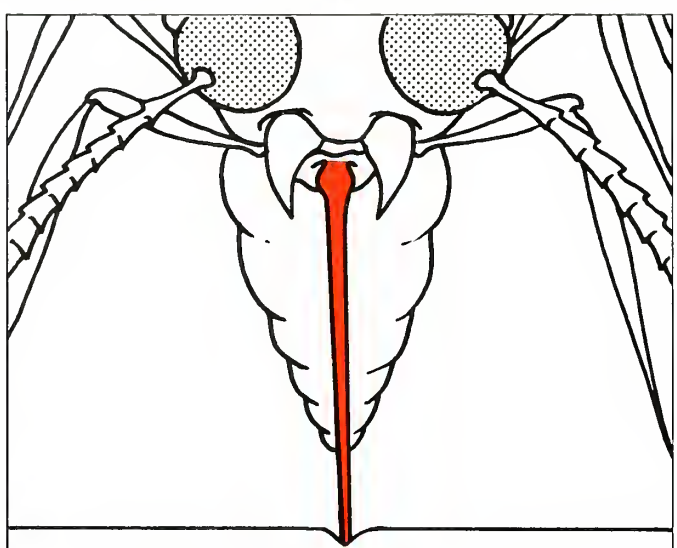
Somerset Branch, RPSGB. Treasure hunt: meet at the main car park, Crewkerne, at 6.30-8pm. Entry fee £1. Details on tel: 0984 23284.

Advance information

Interpreting pharmacokinetic data. Conference at the Royal Society of Medicine, London W1 on July 10. Details from William Hill at Bios Conferences (tel: 0276 73363).

Sunday trading

Mr Peter Lloyd, Home Office Minister, told the Commons on Tuesday, the Government hoped to publish its proposals for reforming the Sunday trading laws before the end of the year.



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E3 LANCASHIRE
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1852 **SALISBURY, WILTS**
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1850 **HANTS COASTAL CITY SUBURB**
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About people

Harry Boyd steps down from UCA

Senior figures in Northern Ireland pharmacy met this month to mark the resignation of Mr W.H. Boyd as a member of the Executive Committee and Trustee, Ulster Chemists' Association.

Three framed prints of buildings of interest in the Belfast area were presented to Harry Boyd by the president, Mrs Sheelagh Hillan on behalf of the Executive Comittee, as an acknowledgment of his many years of dedicated service.

Mr Boyd qualified in 1933 and for most of his life, until his retirement from business, he was a familiar figure to those who frequented the Oriel Pharmacy, Ormeau Road, Belfast. In 1949 he joined the Executive and in 1955 he became President of the Association and later, in 1967, held the distinguished position of Trustee. In 1973, in recognition of his contribution to pharmacy, the Council designated him a Fellow of the Pharmaceutical Society of Northern Ireland.

Mr Boyd's wife Mary and also Mrs Ethel Gamble, wife of the late Herbie Gamble, were both invited to attend the evening and were each presented with an arrangement of flowers.

Pictured at an informal evening to mark the resignation of Mr W. H. (Harry) Boyd as a member of the Ulster Chemists' Association Executive Committee and Trustee are (left to right): Mrs Ethel Gamble, wife of the late Herbie Gamble, Mrs Sheelagh Hillan, president of the Ulster Chemists' Association, Mr Thos O'Rourke, Trustee, Mr Harry Boyd, Mrs Mary Boyd and Mrs Cora B. Watson, Trustee

The Doncaster Belles, 1992 winners of the Mycil Womens FA Cup

Doncaster win FA Cup

The Doncaster Belles are the winners of the 1992 Mycil Women's FA Cup.

In an exciting final played at Prenton Park, Merseyside home of Tranmere Rovers, the Belles overcame their Redstar Southampton rivals by four goals to nil. Both teams wore shirts with the Mycil logo and the televised match was watched by over a million viewers.

The Cup was presented to the winning team on behalf of Mycil by Mr John Appleby, head of marketing for Crookes Healthcare. It marked the second year of Mycil's sponsorship of the Cup's semis and final.

Mycil's commitment to sport is linked to the fact that over a fifth of the adult population suffer from athlete's foot and of these the majority are active sports people.

APPOINTMENTS

New SCS president

John Knowlton of Johnson & Johnson is the new president of the Society of Cosmetic Scientists. He succeeds Ian Phillipson.

The new vice-president is Jack Ferguson of The Boots Company. Kenneth Curry has been elected an honorary member of the Society for his work in administering the SCS postgraduate course and on SCS Council.

Michael Lawther has been appointed financial director of Efamol Holdings and its main subsidiary Scotia Pharmaceuticals Limited.

Phytopharm Limited have appointed **Dr Paul Baker** as director of scientific development.

Numark Management Ltd have appointed pharmacist **Sandy Young** as its first deputy chairman. He is scheduled to take over the chairmanship of Numark in May 1993.

AAH Pharmaceuticals have appointed **Kevin Patterson** as northern field sales manager. **David Taylor** has joined the Vantage team in the north east, and will be working from the Gateshead branch.

Verity Mayne has been appointed Super Vantage business development manager for the south east region. Two new Vantage representatives in the south east region are **Paul Field** and **Bernie Matthews**.

AAH Pharmaceuticals LINK Pharmacy Systems have appointed **Simon Pearce** as the LINK representative for customers in the south east.

Pharmco sponsored walk

Pharmco Chemist, Edgware are organising a sponsored walk in aid of the mayor of Barnet's appeal for Macmillan cancer relief fund and Pharmco's charities. The 10 mile walk around the borough of Barnet will start at 9.30am on July 5 from the Pharmco Chemist, 201 Deansbrook Road, Edgware, and finish at the same point.

Mr Popat Shah, pharmacist at Pharmco and organiser of the event said that 100 people had already registered for the walk but he was hoping this number would climb to over 200. Mr Shah encouraged pharmacists to support this walk, either by taking part or by sponsoring participants. In previous years this event has raised between £18,000 and £25,000. Sponsor forms and further information about the walk can be obtained from Mr Shah on 081-959 1835.

BBC slot for pharmacy

A pharmacy in Reading has been selected to appear in an episode of the BBC comedy series "2 Point 4 Children".

The Northumberland Avenue branch of JR Butler & Son was chosen because of its bright and attractive shop front and the wide pavement outside, which allowed the BBC crew to work without getting in anybody's way.

Filming at the pharmacy continued late into the evening beyond opening hours. Joy Suri, the shop manager, described how one slightly deaf elderly lady entered the pharmacy and, oblivious to all the cries from the cameramen, made straight for the counter to have her description dispensed, which he duly did.

Photographs were taken of the shop and staff to assist the BBC in creating a realistic pharmacy set in the studio.

The new series of "2 Point 4 Children" will be broadcast in the Autumn.

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